THE

Harveian Oration,

Delivered on the 26th of June, 1879, at the

ROYAL COLLEGE OF PHYSICIANS.

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MR. PRESIDENT AND FELLOWS,—We meet here to-day to commemorate the name of Harvey. It is fortunate that the College has prescribed no rules and framed no restrictions as to the mode in which we celebrate this anniversary, but that its Fellows are left to refreshen his memory from springs of every source, hoping thereby to derive some new inspiration from the contemplation, during a few minutes of the year, of one whom they may almost call their founder. Each Fellow may therefore, in turn, endeavour to expound his theme in the manner which is most befitting his own powers and inclinations. Thus, at one time we have pourtrayed before us the personal history and living picture of Harvey; at another, an exposition of his great discovery; and at another time, as at our last anniversary, we have a discourse by one of the most distinguished physiologists of our College, showing the relation of his discovery to the knowledge of the period and to that which succeeded it. I dare not attempt to improve on these well-exhausted themes, but falling back on the object which Harvey had in view, in wishing to perpetuate the remembrance of this day I find that I have a text sufficient for me. I need not remind you what his object was, since Harvey's injunction to the College is ever before us, "to study and search out the secrets of Nature by way of experiment." Let this then be my theme—that we members of this College, practising physicians like himself, should occupy ourselves with the investigation of Nature. Harvey could not have had in contemplation all departments of natural history, but only those which pertained to man, or, as we may say, animal life. His wish was, that his followers should continue in the path which he had indicated, and that they should remember that one of their duties was the acquisition of further physiological knowledge. I ask, Have his precepts been followed and his hopes been fulfilled? The answer is before us. We need but look through the long roll of our College, lately published by our learned librarian, to find it. In that goodly list will be seen the record of the work performed by our members, some of which may bear comparison with that of the master himself. Much of course may be regarded as a mere drop in the great ocean of knowledge; some, however, of the work contains great and elementary truths which eclipse all beside them—fundamental truths which immediately swallow up or form a culmination to the teaching of centuries, and cause mankind to take one long stride in the path of knowledge. Although it may be true that this great edifice of science which is slowly growing up before us is one on which comparatively few Englishmen have laboured, yet they have been skilled workmen and have laid some of the weightiest of its foundation-stones. Amongst these is Harvey, whose pedestal may be placed by the side of that of Newton, a man whom we justly regard as the father of English scientific philosophy. I need not allude to Jenner and other well-known names on our list, but cannot refrain from speaking of Marshall Hall and his great discovery, which may in the future be ranked in importance equal to Harvey's. His, like Harvey's, was not the discovery merely of an isolated fact, but the full disclosure of the mysteries of the nervous system which had hitherto been unrevealed to us. His discovery had, as has been lately declared, the character of a first essential and fundamental principle.

Does not this contemplation of Harvey, instigating us to further discoveries in the animal organisation, accompanied by the thought of the glorious results which have followed his instructions, inspire us with loftier notions as to the nature of our calling? What means the existence of this College, and what is the function of its members? It were a trite and easy answer to declare our final aim to be the alleviation of the woes of our fellow creatures, and certainly this is all the public voice demands; but Harvey declares this end cannot be obtained without knowledge, and therefore one of our duties is to seek out the secrets of Nature. Now, how is this to be accomplished? It may be done by direct experiment or by other means, with which I have little doubt Harvey was acquainted—that is, by making use of the experiments performed by Nature herself in the various maladies which daily come before us, and by taking advantage of these vast opportunities of thus unlocking her secrets. Indeed, a large part of physiological discovery has been made and must be made by the practising physician. Herein lies the scientific aspect of the medical profession which can never be understood by the outer world. We are necessary to the public for one object only—to treat and alleviate human suffering; that is the beginning and the end of medicine in their eyes. An opportunity has lately occurred by which we have been enabled to ascertain the opinion of the public as to the office of the medical practitioner. In their advocacy of the fitness of women for our profession we have heard the voices of eminent statesmen, of bishops, and even of the judges of the land, and they all agree in the sentiment expressed by one of the most distinguished members of their several bodies, that as regards the administration of medicine, the hand of woman is much more fitted than the hand of man. Beyond this sentimental conception of the medical profession, no shadow of a thought seems to have crossed their minds that the administration of drugs was not the physician's supremest aim. Let us, therefore, who take a larger view of our calling, express a hope that the other sex, when they have entered the portals of the profession, will rise out of the narrow sphere to which their best friends have consigned them, and by the display of a superior intelligence, convince a wise Legislature, which has seen fit to grant them the privilege of practising medicine, of their capability of also giving a vote in the election of their supporters in Parliament.

Harvey says that we must always be acquiring knowledge, and surely the medical man, with his fellow-creatures before him presenting various states of organic and functional derangement, has problems relating to the working of the complex machinery of the human body ever awaiting his solution. He, rather than any other member of the community, can appropriate to himself the words of the Latin poet—

"Humani nihil a me alienum puto."

It is true that a knowledge of the structure and functions of the human body ought to precede that of its derangements, and, as a matter of instruction and discipline, we so place it, but in our present state of comparative ignorance the two kinds must be pursued together, for the very derangement of parts gives a clue to their uses. I say the daily task of the physician is one of physiological investigation, as well as the treatment of disease; for, while affording relief to the sufferer who has sought his aid, he yet makes use of the opportunity to watch the effects of the quickened revolution of the wheels, of the stiffened valves, or the changes in the fluids which are circulating through the tubes of the animal machinery. I remember some years ago a meeting of physiologists was called, I believe in Germany, to discuss the propriety of altogether divorcing their subject from medicine, but it was found that the attempt was impossible, for, though it may be true that physiology may be studied apart from any connexion with our medical art, yet the chief of all animals, man, in whom the greatest scientific interest centres, is so prominently placed in his disordered states before the physician, that the experience of the latter cannot but assist in the work of the physiologist. Moreover, in the application of his art—in the use of drugs—many interesting and important facts are acquired bearing on the function of the organism. Just as the pure physiologist makes experiments in his laboratory in order to discover the function of some portion of the animal economy, so the physician has ever placed before him similar experiments made by accident or disease. I should be sorry to be obliged to venture an opinion as to whether the physiologist has more assisted the physician or the physician the physiologist in the elucidation of many obscure phenomena observed in the human subject.

Everyone who is pursuing his professional avocations in a scientific spirit knows how large a part of the questions which he is obliged to discuss, and often unwillingly, are physiological. For example, a person is seized with paralysis of a certain kind, and we immediately ask ourselves where is the seat of the lesion. Now, if the physiologist had prepared the way, we should long have left these questions

behind us, and confined ourselves solely to the nature of the disease and its treatment; at present, however, we are assisting in his work. If the case be one of so ordinary a complaint as jaundice, our inquiry has not only reference to the disease, but to the causes which have made bile appear in the blood — a question only to be decided by a knowledge of the functions of the liver. So in diabetes and many other diseases, the questions mainly discussed by the teacher before his class are purely physiological ones; and this discussion bears its fruits. Witness, for example, the amount of knowledge obtained by ourselves relating to the functions of the nervous system; such as the varieties of sensation, as of touch, pain, heat, and cold, together with the time of transmission of sensations, and many other phenomena associated with disease of the spinal cord, which could scarcely have been known had not the facts been observed in the human subject. Our actual acquaintance with the functions of the nervous system as gained in the physiological laboratory is small compared with what may be learned in the wards of a hospital. Could we gain any approach to an insight into the remarkable properties of the nervous system had we merely laboratory experiments to guide us, and had we never seen the vagaries of hysteria? An acquaintance with simple physiological laws, derived from observation in animals and healthy men, gives us no clue to some of the most remarkable phenomena we witness in women. It is from the latter we get an insight into the complexity of nervous functions, and therefore to assume that the standard of these functions is to be made in the laboratory, and all beside considered abnormal, is to shut the light from our eyes. With the exception of the experiments of Waller and Bouchard, little had, until quite lately, been taught the student beyond the notion that afferent and efferent nerves were so many telegraphic wires proceeding to and from the centres; but when he enters the wards of a hospital and witnesses cases of diseases, and sees the muscles becoming atrophied when one nerve is destroyed, and the skin undergoing changes when another nerve is irritated, he discovers that these cords have other functions; he ceases to regard them as mere conducting wires, but rather as conveying a distinct nutritive influence over the body, and sees with the mind's eye a perpetual stream of energy coursing through the system, or alternately ebbing and flowing in hysteria and other similar nervous disorders.

Then, again, some of our members are engaged in the important department of mental alienation, a department necessitating the study of the mind in its widest range. Here, again, the advantages of the physician over every other member of the community are immense. He has opportunities of observation which the pure mental philosopher can never possess. Looking at the brain as the material organ of the mind, and taking into consideration its intimate relation with the working of every part of the body, it seems impossible that the philosopher, by sitting in his study and noting the faculties and powers of his own intelligence, can do more than propound doctrines of pure metaphysics; he cannot, except by a physiological study of other beings, and even animals, form a scheme of psychology or interpret a tithe of the actions of men and women in everyday life. This might be exemplified in innumerable ways. Thus the discoveries by physiologists and by practising physicians, Fellows of this College, while demonstrating the intimate relation between the convolutions of the brain and the muscular system, prove also the close alliance between psychic states and muscular movements. This may be illustrated in various ways, but perhaps we cannot do better than go to the stage for a confirmation of the doctrine. There we see not only the actor placing himself in attitudes corresponding to the state of feeling he wishes to express, but, as some of the most famous performers assure us, the very posture which they assume, suggestive of some passion of the mind, will cause the latter to grow into a reality, until laughter may be excited or tears flow which are absolutely genuine in their origin. Many a practical lesson may be learned from this physiological fact. A desponding man stooping forward in his chair may be made cheerful in spite of himself by a brisk walk with expanded chest.

With regard to the subject of language, too, I am bold enough to think that its study from disease of the brain by our members has thrown more light upon its nature than the disquisitions of the pure mental philosopher. If, therefore, our College treats, as it necessarily must, the question of mental alienation, its members devoted to this branch of medicine may include in their sphere of inquiry the whole range of psychology.

If any further corroboration were required to prove the value of observing cases of disease in aid of physiology, let me remind you that such men as Darwin and Huxley have not hesitated to make use of our knowledge in order to further unfold their doctrines. The late Croonian lectures, also given here by Dr. Stone, on the causes producing various pathological states, were explanatory too of physiological laws. I do not, therefore, regard Harvey, although his name is immortalised by a discovery purely physiological, as standing apart from the Fellows of his College except in his superior excellence. I would rather regard him as the king's physician assisting in the advancement of knowledge and unravelling the problems of nature. It is from this point of view that it is of more interest to me to regard our great master and teacher. His work thus comes home to us and binds us closer together in one fraternity. This view also tends to elevate us as a profession, and, to my thinking, places us in one of the most exalted positions that man can hold. If our vocation leads us to the study of our fellow-creatures, in both their bodily and mental capacity, what higher function can we discharge? Others in the State may frame laws which govern the people in their social and political relations, but beneath all these lies the individual man, with his instincts, his pleasures, and his pursuits, having their basis in his material nature, a knowledge of which can be possessed by the medical man or physiologist only, and upon which all social regulations must depend.

I hope I have not uttered a disparaging word against the study of pure physiology, for I would not for a moment deny the advantages or necessity of the pursuit. I have rather wished to express my opinion as to the duties of the physician in not overlooking his opportunities in promoting its advancement. I am quite aware that the mere contemplation of man, the paragon of animals, can never reveal to us the intricacies of his mechanism, or give us the interpretation of his mental faculties. The problems before us are far too complex and abstruse to be solved without first surmounting the various steps in the process. We must go back to animal life, and even to the lowest forms of vegetable life, before we can get a clue to the higher of nature's processes; we cannot even stop here, for it requires a knowledge of the ordinary laws of physics to understand many of the phenomena of the human body. Whether we look at the human frame as a whole, or limit our attention to particular portions of it, these truths are manifest. The very first fact which strikes us is that the body is made up of two halves—that is, that the body is double, implying necessarily that the nerve-centres are double and all the senses double. We may perceive in this fact a wonderful adaptation of means to ends, and how a knowledge of space in its three dimensions is gained, not only by our possession of two arms, but by our two eyes and by our two ears. We can see at once the advantage of this duality, but we hesitate to stop at a teleological cause when we find a similar dual arrangement even in senseless objects, and are forced to recognise another law of Nature — that of form. Morphological doctrines require us to regard the whole of Nature's arrangements, and so in this very question of duality many a person before and since the time of Abraham Cowley must have been struck with the very close resemblance between the human head and many fruits, especially the walnut. Cowley had a smattering of anatomy besides being a poet, and describes how the nut has a soft covering or integument, then a hard shell or bone, lining which is a thick membrane or dura mater, followed by a thin skin or pia mater covering the convoluted seed itself, which is made up of two halves, held together by a commissure. This very first fact in the formation of the human body, its dual character, on which so many of its functions depend, and the use of which is apparently so obvious, cannot be discussed solely in reference to final causes, seeing we find its counterpart in the fruits of the trees, and even in the less developed leguminous pod formed by the folding of a leaf. Nature thus closely unites man with the grass of the field.

> "Nothing stands alone;
> The chain holds on, and where it ends unknown."

But we do not stop with the organic world in our search after an explanation of some of the characteristics of our framework, since mechanical laws cannot be unheeded. In

looking at the packing of the brain in the skull, or of the intestines in the abdomen, can it be doubted that these laws are in operation, or that James Hinton was right when he maintained that in the production of the spiral, noticeable in the heart and other organs, we have an example of the more complex laws of least resistance. The more, indeed, we study any subject in nature, the less isolated do we find it, so that all our ologies appear but the expressions of human weakness, and we are forced to declare that all Nature is one.

> "From Nature's chain whatever link you strike,
> Tenth or ten thousandth, breaks the chain alike."

We look at the earth's crust, and we perceive that it has been gradually formed, layer by layer, and, judging by the present rate of progress, that this has been in process for countless ages. We see remains of animals, now extinct, in the earlier formations, and others nearer the surface which had no existence in the lower depths. In the history of man himself we observe the same progression, and whether we take his propensities, passions, or mental faculties, we see the same law in operation. It may be language or any other of his attributes which we are studying, but it forms only one link in the great chain of phenomena, proving that our earth is going onward in the course of development. From any point of view we take, and upon whatever subject we fix our gaze, we come to the conclusion that the greatest discovery ever made by man about himself, and of the earth of which he forms a part, is the doctrine of evolution.

> "The softest dimple in a baby's smile
> Springs from the whole of past eternity;
> Tasked all the sum of things to bring it there."[1]

To those who refuse to look intelligently around them everything is stationary; things are now as they ever were, and they choose to think that this view is necessary to a religious frame of mind; but the idea of development and progress is far grander and more sublime. It is felt by the thoughtful to be true, and stamped upon our very nature. Coleridge, the Christian, the philosopher, and poet, possessing one of the profoundest minds that England has ever seen, with a wide grasp of nature in all her forms, had a glimpse of what now is erected into a science of evolution and morphology. He says: "Every rank of creatures as it ascends in the scale of creation leaves death behind it or under it. The metal at its height of being seems a mute prophecy of the coming vegetation, into a mimic resemblance of which it crystallises. The blossom and flower, the acme of vegetable life, divides into corresponding organs with reciprocal functions, and by instinctive motions and approximations seems impatient of that fixure by which it is differenced in kind from the flower-shaped Psyche that flutters with free wing above it. Thus, all lower natures find their highest good in semblances and seekings of that which is higher and better. All things strive to ascend and ascend in their striving, and shall man alone stop?" In this, which was written half a century ago, lies a vast and grand conception of the world and of man, its inhabitant, not only appealing to the scientific investigator, but to the moralist, the philosopher, and the Christian. It implies that the world is not made, but is being made, that all things are tending to the higher and better, that inferior and hateful things are left behind, and that for man himself there may yet be a continuous and higher development in another sphere.

Now, in seeking to gain a further insight into Nature, we can pursue no better course than that which Harvey trod, for after a careful perusal of his works we are constrained to see in every page that he was guided by the true scientific instinct. His injunction to the members of the College was to study and search out the secrets of Nature by way of experiment. He clearly did not use the latter term in its more ordinary signification, but by way of experiment he meant by way of facts, instead of by the way of fancy; for he says, "It were disgraceful, with this most spacious and admirable realm of nature before us, and where the reward ever exceeds the promise, did we take the reports of others upon trust and go on coining crude problems out of these, and on them hanging knotty and captious and petty disputations. Nature herself is to be addressed." One might have thought that this maxim had been written with the pen of Bacon, but it does not appear that Harvey ever read Bacon's works, and, indeed, it seems nearly certain that his great discovery was made, although not published to the world, before the "Novum Organum" was written. It is clear that Harvey learned nothing from Bacon, and this has led to the belief amongst some persons that he could not have adopted the Baconian method of inquiry, but that Harvey made his discovery by a simple deductive or *à priori* mode of reasoning, suggested by the presence of valves in the veins, already shown by Fabricius. No one who has read Harvey's works, and especially such a sentence as I have quoted as to the true method of research, could possibly have accepted this statement, for few better pieces of investigation are to be found in the whole annals of scientific discovery than his. He opened the pericardium, he observed the heart's movements, he cut into the organ and saw it squeeze the blood out, he then opened the arteries into which he believed the blood to pass, and witnessed the crimson stream ejected. He proposed to himself experiment after experiment until he had solved the problem of the circulation. No theoretic argument was his who had dissected every animal within his reach; for reptiles, fishes, insects were alike familiar to him. His powers of observation are also seen by his not forgetting to make use of cases in the human subject, for in an example of aneurism of the subclavian artery, he noticed the different sizes of the corresponding pulses of the wrists. Besides, he himself knew what a deduction was as opposed to the method he had been pursuing, for he declared that if his discovery were true, then certain other truths might be deduced from it. He says "these truths, if proven, are not without their use in exciting belief, as it were, *à posteriori*," and infers, for example, that if venous blood flows, as he supposed, from the circumference of the body to the centre, it would carry poison, like that of hydrophobia, the lues venerea, and the like; and, "finally," says Harvey, "reflecting on every part of medicine, physiology, pathology, semeiotics, therapeutics, when I see how many questions can be answered, how many doubts resolved, how much obscurity illustrated by the truth we have declared, I see a field of vast extent before me," and, we might add, a very fruitful field it has been.

How, then, can it be that Harvey's discovery arose out of a mere consideration of the uses of valves, when he himself applied the deductive method to his own doctrines derived from an altogether different process of inquiry? Harvey's was the true scientific method as adopted by Jenner and all other illustrious discoverers of our College, and, indeed, there is but one method. It may be a subject of great interest to philosophers and logicians to discuss the modes by which great results in natural philosophy are obtained, and therefore it is not surprising that the method employed by Harvey should have undergone this strict investigation, seeing it was brought into use at the very epoch of Bacon. Bacon's work seems to have been to assist his fellow-creatures in throwing off the yoke which they had borne for so many centuries. His daring to put aside Plato and Aristotle, and to direct others to investigate and think for themselves constituted him a man of power; but whether he put them in the best way of discovery is another question which has long been discussed. Those who have chosen to call Bacon's inductive method equivalent to a collocation of facts are pleased to quote Harvey's discovery as an illustration of what a very opposite method will effect, but their reasonings and their facts are altogether erroneous. In various parts of Bacon's writings there are a sufficient number of scientific allusions to prove that the author knew the difference between a theory and a mere collocation of facts; and as regards Harvey, his method was of the purest inductive kind. I cannot but think that those philosophers who have discussed the different methods of induction and deduction, and which of them leads to the most fruitful results, have themselves been deficient in true scientific instinct; and, on the other hand, we know that our greatest scientific men, from Harvey downwards, had little technical acquaintance with the methods they were practising. I should say that most discoverers, indeed, were totally unacquainted with philosophic terms, or at least in their writings no allusion is made to the methods employed. Amongst our own friends engaged in researches, one seldom hears philosophy discussed; and indeed where such terms as inductive or deductive appear prominently in their pages, I have myself remarked that there is little hope of gleaning a scientific fact.

It is generally supposed that Newton never read Bacon's writings; but what a perfect model was he of the scientific man. What could be more splendid than for his great

[1] Poems by Miss L. S. Bevington.

induction to bear such fruits as the discovery of the planet Neptune by a necessary deduction? Look at those amongst ourselves who are adding to our knowledge, and where we have an opportunity of watching their manner of working we shall perceive that they are not consciously pursuing any method, and will declare that they have never read a line of Bacon, of Mill, or of any other philosophic writer. Whether the inquiry be physiological, chemical, or physical, the method is one. So far from their being able to say whether the inductive or deductive process is the better, they are employing both. The scientific inquirer looks at some phenomenon in nature and asks himself its meaning. The fact to which his attention is directed is one which millions have passed by unobserved, or have regarded it if known as too trivial or commonplace to be worthy of notice; it is this exceptional acumen which probably constitutes his special power or genius. He takes the fact, forms a conjecture as to its meaning, and frames an hypothesis, or, if you will, a guess. He then endeavours to find if this have a basis of truth, and he performs experiments calculated to test its value. He perhaps fails, and then forms another conjecture which he once more puts to the test. He may at last be confirmed in the view he has taken; he then widens his experiments, and at the same time his conceptions grow larger, until step by step, theorising and experimenting, he is able to form one grand theory of the whole, which he again proves to be correct by the accuracy of the deductions which flow from it.

I think it is evident that the whole methods which Bacon denounced, of framing fanciful theories according to preconceived mental conceptions, were all, as he says, valueless; at the same time, a simple collection of facts, which some have declared was Bacon's reformed method, will also lead to nothing, for no new idea can flow from it. The true method of scientific inquiry is the combination of both systems, each alone being barren of results. Speculation and imagination alone are valueless; a simple collection of facts is meaningless; but the combination of the theorising and observing qualities must exist in the truly scientific man. No better example of this can be found than in the late Michael Faraday, who would work week after week in his laboratory, with apparatus chemical or electrical, never making an assertion which could not be supported by facts, and who would yet at the same time be speculating on the subject in hand with all the spirit of a poet. There are plenty of persons who can sit in their studies and frame vain speculations, but to do this is not a rare talent; there are others who can observe facts without possessing the power of analysis; this, too, is of no great value, although the faculty of seeing clearly is far rarer and more useful than of having impressions and so-called views. The order of nature is to most of us a chaos, and, therefore, to decompose it and analyse it by a careful observation of phenomena requires rare talents.

Jenner observed a fact; he sought an explanation, and put it to the proof. His was the correct and only method. The world goes on and sees an apple fall, or a frog's leg jump in a dish, or a heart beat; but the very familiarity with these facts never excites the inquiry, Why are these things so? Those exceptional men who do see are the Newtons, the Galvanis, and the Harveys.

If, then, there be only one method by which truth can be discovered, we need no longer discuss how it happened (a fact which seems so remarkable to some persons) that this great discovery of Harvey should have been made before Bacon's treatise was published or extensively read, or further seek to refute the strange impression that Harvey should have worked in a spirit antagonistic to Bacon. I have shown how both these conjectures are erroneous, for Harvey worked, as I have said, in the one and only right way, being led by the true scientific spirit. Bacon, as may be seen in many parts of his writings, was acquainted with the true method, although his protests against the speculations of the ancients made him lay so much stress on what is called induction. Nevertheless, it may be considered remarkable that the results of Bacon's and Harvey's investigations should have appeared at the same epoch, and that Harvey, master of the true method, had never read a line of Bacon. If these men had no knowledge of one another, we need not ask whence they gained their inspiration, but rather how it was that two men endowed with the same spirit of inquiry should have arisen on the earth at the same moment. I should answer by saying that a general development had been going on in the womb of time, and that the moment of fruition had arrived when the world saw Bacon and Harvey.

What made the reign of Elizabeth shine out so brilliantly in England's history? If Bacon had strength enough of intellect to throw off the yoke of Aristotle and Plato, which for centuries had weighed on mankind; if Harvey soon afterwards had sufficient force of will to put aside his Aristotle and Galen, and search nature for himself; if afterwards Newton, discarding the then theory of the universe, set to work to find out for himself the principles of motion and forces; and if we see also in this Baconian time other men illustrious in literature, in statesmanship, in commerce, or adventure,—we need no longer inquire which of these great men was the forerunner of the other, but ask ourselves what was the common spirit which actuated them all? The answer is, that the whole country in the Elizabethan era was emancipating itself from an intellectual and spiritual thraldom. Aristotle and Plato had held despotic sway, and kept men's minds, as it were, in their iron grasp for centuries. Bacon had the courage and power to throw off the yoke enough to constitute him a hero amongst the leaders of thought, and, having felt his liberty, resolved thenceforth to be intellectually free.

It was a like spirit, too, which produced at the same period our Shakspeare, and men like Raleigh, Frobisher, and Drake, who in a large and literal sense, unchecked and uninfluenced by the geography of ages, fearlessly put to sea, and rested not until they had made an unknown world their own. The history of the time exhibits the wonderful spirit which was actuating Englishmen; every man believed in himself and in his country, as cannot be better exemplified than by the old and well-known story of the people rallying round their queen, on the news of the approach of the Spanish Armada. There was an awakening and moving spirit, stirring the hearts and intellects of men. Each according to his power was doing his work; whilst Milton was preaching freedom, Harvey in his sphere of science was exploring nature, and Bacon, though not an investigator himself, imbued with the true spirit, was teaching men with his pen how they should seek truth for themselves. One did not learn from the other; a common motive impelled them all, and the same spirit which roused them to independence and activity was operating on those who, at this glorious period of our history, founded the two Colleges of Physicians and Surgeons.

It would be taking, however, but a very superficial survey of the history of science were we to look upon it as the work of the few great men whose discoveries stand out as landmarks in the domain of knowledge; rather, we should say, that a host of lesser workers have contributed their share in uniting these together, or even assisted in their production; for there is much truth in the saying of Goethe—that discoveries are made by the age, and not by the individual. A moment's consideration shows that this must be so. It seems quite impossible for the human mind to look upon a complex piece of machinery, such as we are surrounded by in the organic and inorganic world, and by any process of analysis unravel its various parts. By no such means can we arrive at knowledge; simple laws are first discovered, and these we make use of to explain the more complex phenomena, much of the material used in their solution having been prepared by comparatively unknown and obscure individuals. All our knowledge is strictly relative, and can have no other side but that perceived by the human mind. Nothing, I believe, is less true than the sentiment contained in the lines of the poet—

> "Thy arts of building from the bee receive;
> Learn of the mole to plough, the worm to weave;
> Learn of the little nautilus to sail,
> Spread the thin oar, and catch the driving gale."

I believe no contemplation of the bee or its hive would have taught us its habits or shown us how it arrived at the mathematical precision of its cell. This can only be understood by a knowledge of facts and laws gained through centuries of work, and then perhaps they would not suffice for a true solution of the mechanism of the beehive. Man had for ages looked with awe on the lightning, but no amount of contemplation could have revealed its meaning; it could only be understood when the laws of electricity were applied to explain its phenomena, and these were learned step by step, supported on so simple a basis as the effects of rubbing a piece of wax. The glories of the bow in the skies, though gazed at for ages, had never suggested the interpretation of the spectrum, but it was by the observa-

tion of a ray of light passing through a hole in a window of a small room that the meaning of the rainbow was revealed.

So in physiology we are apt to forget that it is by slow work, step by step, and often quite apart from the subject whose interpretation we seek, that we obtain fruitful knowledge. No contemplation of the human eye would have suggested the camera, but the building up of the camera by a series of inventions explained the mechanism of the eye. We have endeavoured to teach the function of the tympanum and its chain of bones by the knowledge in our possession, but we now think that this was insufficient since the physicist has discovered the intimate relation between electrical and sonorous vibrations in his microphone. I think I am right in saying that no piece of mechanism was ever framed in imitation of a straw of wheat or the hollow thigh-bone, but when by a series of experiments the engineer discovered that with the least material he could gain most strength, by making his support as a hollow girder or tubular bridge, then we applied his discovery to interpret the meaning of the culm of grass or the human os femoris. No contemplation of the nerves ever excited man's imagination towards the fabrication of an electric telegraph; but, on the other hand, the insulated wire, the result of much labour and thought, was found to have its counterpart in the nerves, whose component parts it then explained. The action of salines and colloids on the human body was learned by means of parchments and tubes in the laboratory.

These facts should point out to us how fruitless it is to attempt to understand complex structures and phenomena before we have arrived at the necessary steps for their solution. This is eminently true of the nervous system, where we are endeavouring to understand its most intricate phenomena by the application of laws derived only from our present limited knowledge. The remarkable observations of late, with respect to anæsthesia in hysterical women, states of somnambulism and ecstasy, and very similar conditions found through all animal life, should make us feel that we have still to learn the meaning of nerve force. With our present imperfect knowledge, the attempt to understand it is like taking a child, ignorant of the very first laws in physics, before a steam engine and endeavouring to explain its action. We cannot solve a problem until we know the meaning of the terms in which it is framed. Thus we see our greatest men, like Faraday, endeavouring to master the simplest facts and phenomena, taking for their maxim "*tota in minimis*"—all Nature exists in the least. Harvey made use of all the known laws of his time, and thus the grandeur and fruitfulness of his discovery.

I might here remark that this gradual growth of knowledge is another example of the progression which we witness in every department of nature, and might be used to afford further illustrations to philosophers who have contended so long over the question of innate and necessary truths on the one hand, or experience on the other, as the basis of all knowledge. They would see that our interpretations of natural phenomena have not been arrived at (as is often thought) by an investigation or analysis of complex conditions, but have been worked out, step by step, by the human mind by means of laws framed from the simplest observations and experiments, proving, as must ever be the case, that the subject and object are united. Thus, the mode of increase of our knowledge is by slow growth, and corresponds to the development which we witness in the material world. Just as the human body contains within it the whole of animal life, or ontogenesis is a counterpart of phylogenesis, so the human mind, gradually unfolding itself and passing from simple to more complex laws, finds its counterpart in the creative force which has been bringing about the development of the world. The human mind has been creating afresh the laws which are found in operation throughout nature, and may, in time, like its corporeal possessor, hope to grasp the whole within itself.

Now, having satisfied our moral sense as to the duty of pursuing these objects, we may fairly ask, as a scientific section of society, are we arrogating too much to ourselves in placing these discoveries so high, and regarding it as our chief ambition to be instrumental in augmenting their number? For we must know well that many persons whose line of life does not lie in our direction do not hesitate to declare that higher aims are to be found in philosophy and art than can possibly be met with in science. I, for one, however, would strictly maintain the right of scientific investigators to the very highest consideration, aiming as they do at some of the most glorious objects which man can place before his vision, and assert, moreover, that the view of our opponents is a puerile one. In taking natural science as our domain we include in it man himself, who not only inhabits the globe, but, as we say, forms a part of it, and it of him. We too frequently hear man spoken of as if he could have a separate existence from the world on which he lives, whereas he is a part of it, and has grown out of it. It were, indeed, impossible to think of man or any other living creature as preserving his individuality apart from the world which he inhabits. I need not enlarge upon the trite examples of the uselessness of the eye without light, or of the meaninglessness of the ear without the vibration of air, but ask you to consider the relation of the atmospheric air to the lungs. For if the bronchial tubes be regarded as analogous to the secreting tubes of other organs, and the contained air in them to the respective secretions, then there is really a portion of our body outside ourselves; the air around is not only a necessity of life, but it is as much a part of us as is the bile in the ducts of the liver.

An examination, therefore, of the material world implies a study of man who forms a part of it, and in studying man as we do other animals we include all his attributes, his appetites, his passions, his instincts, and his higher intellectual functions; and I myself can scarcely see what grander, what nobler pursuit can be followed. It might be thought that in a learned society like this I ought to apologise for attempting to vindicate the claims of science, and yet sometimes there are found those in our profession who, deficient in the true scientific instinct, are influenced by mere literary cavillers in our newspapers and magazines. We believe these writers are altogether mistaken in their view of the lofty objects which are ever placed before us. They belong to a class who, no doubt, feel a great repugnance to all physical inquiry; they regard it as mean and low compared with their own soarings in the region of the imagination. I can quite understand how they shudder at the thought of penetrating beneath the surface of things. Just as I have myself felt on leaving the green fresh fields and descending into a dark mine in the bowels of the earth, so they instinctively feel a horror on raising the veil and beholding an object like the dissected dead body deprived of its outward form and beauty. These external attributes, they say, are enough for them, and to pry into the mechanism (in the words of a distinguished writer) is no business of ours; form and colour, besides a hundred other qualities, are the phenomena which are allied to the spiritual and excite the imagination; but the substance which underlies them is unpleasant to think upon—it is gross, it is material. All explanations of the working of the human body are styled materialistic, and this expression in certain circles has become a term of ill odour, savouring of degradation, of impiety, and even immorality. What shall we say to our great writer on art, the author of the "Stones of Venice," one for whom I personally feel the greatest regard, and whose works I peruse with admiration, when, in one of his last lectures at Oxford, after descanting in the most eloquent and rapturous terms on the beauty of the wings of a dove as it sails through the air, chooses to depart from his theme in order to pour a venom of wrath on the anatomist who dares to explain its flight by a mechanism of joints, of bones, and of feathers. That this tone of thought is very prevalent we had an opportunity of perceiving at the time of the controversy on vivisection, the opposition to which was based virtually on the inutility of that particular piece of cruelty to animals practised by physiologists, since it led only to useless knowledge and fostered idle curiosity. I have just now quoted the words of one of the most eminent of the opponents of vivisection, that to pry into the insides of animals and discover the secrets of Nature was no business of ours, and this, alas! the expression of a man renowned in literature two centuries after Harvey's exactly opposite incitation to discovery! I should feel almost ashamed to speak of the literature which flooded the houses of society three years ago, did it not reflect the opinion of a large class of the public, and of those who are influencing many persons through their writings in the magazines. A contributor of one of these papers, supported by good and educated people, writes as follows:—"Professor Huxley produces artificial blushing in a rabbit by cutting the sympathetic nerve. And what a discovery has he presented us with here. Maiden, that delicate tinge with which Nature has taught you consciously, yet involuntarily, to mantle your cheek with ever superadded loveliness—a loveliness which has hitherto been

accounted too exquisite to be gazed on profanely—is found to be after all but a vulgar thing capable of being produced mechanically! But truly what sacred mystery of your being will not these magicians of science disclose next?" The writer continues then in the most logical manner to declare that it was the culling this forbidden fruit of knowledge which brought the curse upon man.

I should have been ashamed to have quoted this rhapsody, did not sentiments like these pervade the writings of those whose influence over society is great. They say, in a word, that all the world's a stage, and the men and women merely players, that God Almighty pulls the strings, and we are forbidden to look behind the scenes. They say you may admire, if you will, the shape and actions of the arm, and then expatiate on the mysterious power which enables an act of the will to move the limb, but you must not look at the mechanism to see how it is accomplished, for that is material and degrading. Admire, if you will, the blush on the maiden's cheek, but forbear to disclose the secret springs through which the charm appears. Must we, again, go back two centuries to find the answer given by our great poet?

> "This is an art which you say adds to nature,
> Change it rather—the art itself is nature."

It cannot therefore be a matter of indifference to us if we find that so many men engaged in literature and art feel a repugnance to science, and we may consequently ask ourselves, can it be true that all elevation of thought, imagination, poetry, and the love of the beautiful, are the peculiar attributes of one class only, and that the man who dares to look into the composition and the mode of operation of the material world around him must pay so heavy a price for his passion for knowledge.

It were very sad if this were true, and might behove us even now to look around us and ask ourselves whether we are indeed well and worthily employed; but we refuse to believe so absurd a fiction. The wonder is how anyone professing piety can regard the mechanism of God's works as low. We can understand the feeling which makes a man shudder at the sight of a dissected body, but when the strangeness of the sight is past, and he can contemplate it without disgust, it by no means lessens the appreciation of its beauty when clothed in its integument. Cannot he regard it with the artistic eye and yet have a more perfect knowledge of its anatomy? Hear what a learned professor of anatomy can say, Wendell Holmes—"Science represents the thought of God discovered by man; by learning the natural laws he attaches effects to their first cause, the will of the Creator"; or in the poetic language of Goethe:

> "Nature is the living garment of God."

Of course it is possible that a man, deeply engaged in a scientific analysis of a material object, may have his eyes shut to the sublimity and grandeur of form, or beauty in every shape, and be so dead to the more sacred feelings of our nature even, as the poet says, to botanise upon his mother's grave; but this is owing to the man's idiosyncrasy. His work does not harden his heart, for we may quote sufficient examples to show there is no antagonism between the man of science and the man of imagination. Have we no artists, no poets, no musicians in our own ranks?

It may be true that the majority of persons are born Aristotelians or Platonists, but nevertheless it were not difficult to point to men most eminent in science who would not have disgraced any department of art. But, fortunately, we can find some of the greatest geniuses whom the world has produced, who have been able to seize upon all the attributes of nature in order to raise their imagination to the highest pitch. What an example was Goethe; he could study the meaning of the intermaxillary bone, of the vertebræ, dissect a flower, or analyse a ray of light, yet, withal, he could conceive nature in all its profundity and beauty. Moreover, these studies in no way interfered with the genius which could create a Wilhelm Meister or a Faust. And, further, should the scientific man not display to the world any faculties of mind dissociated from those employed in his more immediate pursuit, it were a scandal, it were false, it were ridiculous to suppose that his researches did not warm his heart to a full appreciation of the wonders of the subject which engages him. It has been my privilege to have heard since my student days lectures by several professors of zoology and comparative anatomy at the College of Surgeons up to the very present year, and I have observed with what tenderness, with what love, they have spoken of the different animals whose structure and whose habits they have been describing. And it was the same with their great predecessor John Hunter, for, as Sir James Paget truly said in his oration, the expression of the great anatomist in the well-known portrait displays a smile akin to rapture:—"I cannot doubt," says Sir James, "that he attained that highest achievement and satisfaction of the intellect when it can rest in a loving contemplation of the truth, loving it not only because it is right, but because it is beautiful. I cannot doubt that, in the contemplation of the order and mutual fitness in a great field of scientific truth, there may be, to some high intellects, a source of pure delight, such as are the sensuous beauties of nature to the cultivated artist mind, or virtue to the enlightened conscience. I believe that in contemplation such as this Hunter enjoyed a calm, pure happiness. So Reynolds, his friend, seems to tell of him. In that masterpiece of portraiture, which teaches like a chapter of biography, Hunter is not shown as the busy anatomist or experimenter pursuing objective facts. The chief records of his work are in the background, he is at rest and looking out, but as one who is looking far beyond and away from things visible into a world of truth and law, which can only be intellectually discerned. The clear vision of that world was his reward. It may be the reward of all who will live the scientific life with the same devotion and simplicity."

I believe there are men amongst us who so love nature they might prove even to Mr. Ruskin that the microscopic cells and the spiral fibres seen in the dissection of the plant possess beauties of their own, and are but the elements which, when grouped together, form the shape of the branches of the trees, and determine the clustering of the foliage, which in this stage of development alone he imagines can inspire him by their charm. One might even almost hope that the repugnance with which chemistry equally with anatomy inspires him would disappear when shown the production of colours in the laboratory, and that combining henceforth this newly-acquired knowledge with those sentiments which enable him so eloquently to describe the autumnal tints of the forest, he might at length be at one with Shakespeare that art is not added to nature, but that art itself is nature. What I should like to insist on is, that the material world can be examined in many ways; it may be regarded in an analytic and scientific spirit, or with the eye of the poet; but as every quality which the mind can conceive must be an attribute of nature, one view need not destroy the other. And, more than this, they are often but the two sides of the shield, or even identical; for example, when the physiologist sees a boy walking along the road whistling, he says that as the forces produced in the boy's nerve-centres are not being employed in intellectual processes, they make their escape by whistling, just as a steam engine blows off the steam with a great noise when not doing useful work. The poet wonders at the scientific man's materialism, and exclaims "the ploughboy whistles as he goes for want of thought." One of the most remarkable examples, in my opinion, of a man who possesses both a scientific insight into objects around him, and at the same time the true artistic and poetic mind, is the Professor of Anatomy at Boston to whom I have already alluded. I should say that Wendell Holmes has the faculty more than any other author whom I know of analysing human sentiments, and showing their association with the material world around us. In some of his writings and poems it were difficult to say whether the physical, the chemical, the physiological, or the purely spiritual idea dominated; and, indeed, must not all these and more be united in the mind of the Creator of all things, or be phenomena, if you will, of the underlying substance? In a poem describing the death and burial of a child, all these attributes may be seen, the last verse running thus:

> "At last the rootlets of the trees
> Shall find the prison where she lies,
> And bear the buried dust they seize
> In leaves and blossoms to the skies;
> So may the soul that warmed it rise."

I have heard a preacher in his pulpit, after speaking somewhat disparagingly of science, declare that the child who plucks a flower and places it in her bosom knows more of the flower than the botanist who dissects it. It is no doubt true that the child may regard it with a reverence which seems incompatible with its destruction, but a knowledge of its structure in detail by no means diminishes the love for it as a whole. But this need not be; for Wendell Holmes, speaking of a character in one of his novels, whose

sentiments assuredly betray the author himself, says, "He had kept in a singular degree all the sensibilities of childhood, its simplicity, its reverence. It seemed as if nothing that he met in his daily life was uncommon or unclean to him, for there was no mordant in his nature for what was coarse or vile, and all else he could not help idealising into its own conception of itself, so to speak. He loved the leaf after its kind as well as the flower, and the root as well as the leaf, and did not exhaust his capacity of affection or admiration on the blossom or bud upon which the poet lavishes the wealth of his verse. Thus nature took him into her confidence. She loves the men of science well, and tells them all her family secrets—who is the father of this or that member of the group, who is brother, sister, cousin, and so on, through all the circle of relationship. And there are others to whom she tells her *dreams*, not what species or genus her lily belongs to, but what vague thought it has when it dresses in white, or what memory of its birthplace that is which we call fragrance."

I have felt reluctant and even almost ready to apologise for attempting to vindicate the high calling of men of science, and defend them against a widespread feeling as to the degrading pursuit of searching into the mysteries of the material world. I should not have ventured to do so did I not see our drawing-room tables covered with magazines and high-class literature, as it is called, in which some of the greatest men in our country—men of European reputation, men whose names will be handed down to posterity as the pioneers of knowledge, men of the same stamp as our own immortal Harvey—are not only held up to contempt, but their teachings described as degrading or even demoralising. Of course, these writers are blind; they have not their eyes open to the wonders around them, or if they hold any opinion as to the meaning of the world it is associated with some philosophical or religious dogma which has formed its foundation. But scientific teaching must have its way; for, as we believe, all parts of the world are held together by one force (and what is true of one portion is true of another). So scientific men must be pleased to see that the doctrine of evolution, first taught by them regarding material things, is seen to be a law pervading the world, and is now being made applicable to man in his mental and spiritual nature, both by moralists and divines. For if, as many hold, the imagination of man is but a reflection of the world around him, then evolution is as true as the older theories of a perfect world undergoing decay; for the scientific man knows that life and death are but correlative terms. Scientific pursuits are ennobling and accompanied by pleasure of the purest and highest kind. Nature reveals her secrets only to those who wish to discover truth; for while the dishonest man is repelled, and his reward is infamy, to the earnest investigator nature becomes a moral teacher. Science conducts us through infinite paths; it is a fruitful pursuit for the most poetic imagination. We take the world as we find it, and endeavour to unravel its mysteries; but of the alpha and omega we know not. Enough for us to look at what is lying around us; it is a part we see and not the whole, but we can say with the poet, "we doubt not through the ages one increasing purpose runs."

I will detain you no longer; what more can I say? What grander image, what more glorious picture, can I set before you than that which we have come to contemplate to-day—the king's physician searching out the secrets of nature?

NOTES ON UNUSUAL OR RARE FORMS OF SKIN DISEASE.

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(Edited by T. C. FOX, B.A., M.B.)

V.—THE VITILIGO OF BATEMAN.

THE term "vitiligo" has been applied at different times and by different authorities to a number of diseases the most diverse in nature, as, for example, leucoderma, morphœa, the white anæsthetic patches of leprosy, &c. The term was used by Willan, I believe, in one, and subsequently by Bateman, in succession to Willan, in another sense.[1] Willan figured a vitiligo, and gave some half dozen lines of description, which did not in themselves help to convey a satisfactory idea of the nature of the disease, since they only amounted to an acknowledgment that he knew nothing of the history or course of the case from which his illustrations were taken. I firmly believe that Willan's was a case of the disease, brought under the notice of the Clinical Society of London by Mr. Morrant Baker and myself a few years since, which I termed "xanthelasmoidea," but which has since been designated by, as I hold, the very inappropriate name of "urticaria pigmentosa." A comparison of Willan's plate of vitiligo and my drawings of xanthelasmoidea has satisfied me on the points of identity here referred to. Bateman[2] *may* have seen Willan's case, but probably not, for his account of vitiligo certainly does not tally with the features of the disease, as given in Willan's "Delineations;" and I think he was dealing with a different disease, most likely a phase of morphœa, if it be not a pure atrophy.

Bateman says: "It is characterised by the appearance of smooth, white, shining tubercles which rise on the skin, sometimes in particular parts, as about the ears, neck, and face, and sometimes nearly the whole body, intermixing with shining papulæ. They vary much in their course and progress; in some cases they reach their full size in the space of a week (attaining the magnitude of a large wart), and then begin to subside, becoming flattened to the level of the cuticle in about ten days. In other instances they advance less rapidly, and the elevation which they acquire is less considerable; in fact, they are less distinctly tubercular. But in these cases they are more prominent, and, as they gradually subside to the level of the surface, they creep along in one direction—as, for example, across the face or along the limbs, chequering the whole superficies with a veal-like appearance. All the hairs drop out where the disease passes, and never sprout again, a smooth shining surface, as if polished, being left, and the morbid whiteness remaining through life. The eruption never goes on to ulceration."

I recently met with a case in private practice exactly answering to Bateman's description of vitiligo in its fully developed stage. The disease, however, was not developed acutely, as Bateman describes. The case had been seen by Mr. Startin originally, and, curiously enough, he termed it "vitiligo." The case I refer to was that of a lady, aged twenty-three, who consulted me in June, 1878. The morbid condition existed about the neck on either side and over the front at its root. It presented the appearance of little white shining atrophous spots about the size of large split peas, studding the surface pretty closely, and they had existed for years. At first sight it looked as if the surface had been freely pitted by severe herpes zoster, but there was no history of this affection. The disease had not run the course of linear atrophy, but seemed to me to be a morphœa with a guttate disposition, only that it was in the atrophous stage when I saw it. It so far quite answered to Bateman's description; but the disease had developed gradually seven years before, when the patient was about sixteen, and not acutely. The patient herself states that the disease began as small spots, rather raised at first, and *very white*. The spots then enlarged somewhat, and died away, leaving a scar or pit like small-pox, the scar being "shiny."

In the developing stage there is sometimes a little black speck in the centre, indicative of a follicular orifice probably. Sometimes the skin over the spots gets rough, and slightly desquamates. It may be, however, that the disease is to be regarded, not as a morphœa, but as an *idiopathic localised or partial atrophy of the skin*, such as is described by Dr. R W. Taylor (*Amer. Archives of Dermatology*, vol. ii., p. 115), affecting the forearms, thighs, and abdomen.[3] This case, however, did not commence by infiltration as did my own case.

My object in making these remarks is to point out that in the vitiligos of Willan and Bateman I do not think we have any diseases with which we are now unacquainted, so that no source of difficulty and confusion on this score need really exist.

Harley-street, W.

[1] Delineations of Skin Diseases.
[2] Synopsis (1819), p. 277.
[3] Refer also to a case of the *Xeroderma* of Hebra, recorded by Duhring in the Amer. Jour. of Med. Sciences, Oct. 1878.

HERNIOTOMY, FOLLOWED BY SLOUGHING OF THE SAC AND A RADICAL CURE.

BY THOMAS MOORE, F.R.C.S. EXAM.

C. S——, aged sixty-six, a wiry-looking farm-labourer, was brought into the Petersfield Cottage Hospital, on Nov. 3rd, 1876, by Dr. Woods of Headley. He had noticed a swelling in his left groin, on and off, for about two years, but had not worn a truss. On Oct. 30th, whilst digging in his garden, he suddenly felt an acute pain in the part, and found that the swelling, which had been absent for a week previously, had again appeared. Vomiting came on in a few minutes, and continued at frequent intervals. Dr. Woods made several attempts to reduce the hernia, but without success, and ordered him calomel and opium and hot poultices. On the evening of Nov. 2nd, after he had taken several doses of the medicine, the pain, which had hitherto been very severe, suddenly abated.

On admission, a tumour could be felt in the left groin, about the size and shape of a pullet's egg. It lay parallel to and over Poupart's ligament, but its smaller end could with difficulty be traced into the femoral ring. The outer third was hard and nodulated, and divided from the rest by a distinct sulcus. There was no impulse in any part of it. It was very tender, and the skin over it was reddened. Temperature 97·6°; pulse 98, regular, and small; tongue dry and brown. No action of bowels since Oct. 29th. No tympanites or tenderness of abdomen. Vomiting frequent and decidedly stercoraceous. Urine scanty. Countenance anxious and pinched.

Nov. 3rd.—8 P.M.: I operated, under chloroform, in the usual way, and divided a tight stricture outside the sac, at Hey's ligament. As the hernia did not then return, I opened the sac, which was much thickened and very tough. It was a very difficult matter to distinguish the intestine, as it was adherent to the sac throughout the greater part of its extent. Fortunately I hit upon a spot where there was no adhesion, and where the bowel was just moistened by fluid. The adhesions were evidently recent and were easily broken down, so I separated the bowel from the sac by gently sweeping the forefinger between them. After dividing a stricture at the above-mentioned sulcus and another at the neck of the sac, the intestine, which was purple, was easily returned. The sac was left outside the abdominal cavity. The edges of the wound were brought together with silver sutures, and oiled lint applied. Very little blood was lost. The nodulation of the outer part of the tumour was found to be due to thickening of the sac.—11 P.M.: Patient has little pain. Has vomited stercoraceous matter several times. Tongue not so dry; temperature 98°; pulse 98 and fuller. Given a quarter of a grain of morphia hypodermically.

4th.—9 A.M.: Slept for four hours after the morphia. Looks less pinched. Little pain. No tenderness or tympanites of abdomen. Vomited once soon after awaking (stercoraceous). Took two tablespoonfuls of gruel at 6 A.M. Tongue moist and white. Hiccoughs occasionally. Has passed flatus several times per anum. Urine plentiful and natural. Temperature 98·2°; pulse 84, sharp and irregular. To take two tablespoonfuls of broth, gruel, or arrowroot, alternately, every two hours.—9 P.M.: Looks cheerful. No pain. Vomited four or five times during the afternoon, but no stercoraceous matter. Tongue white and moist. Hiccough continues; passes flatus frequently. Temperature 97·6°; pulse 84, soft, and more regular. Complains of thirst. To take food as before whilst awake, and toast-water to sip *ad libitum*. Given one-third of a grain of morphia hypodermically.

5th.—9 A.M.: Looks cheerful. Awoke three times in the night, and took food. No pain; no sickness; no hiccough. Tongue moist and white; temperature 97°; pulse 80, fuller, and intermits four times a minute. Some redness around the wound, and fetid sanious discharge from its lower part. Abdomen natural. Wound to be dressed with carbolic lotion, 1 to 40.—9 P.M.: Passed six fluid motions during the day; otherwise much the same. Temperature 97°; pulse 72. To take ten drops of laudanum in water if the actions continue.

6th.—9 A.M.: Pretty good night without morphia. No more diarrhœa, so did not take the opium. Tongue cleaning. Temperature 96·6°; pulse 80, feeble and intermitting.—9 P.M.: Bowels acted twice copiously at midday. Took one dose of laudanum afterwards. No pain. Temperature 97·2°; pulse 80.

7th.—Very good night. No more action of bowels. Improving generally. Asks for food. Much fetid discharge from wound, but less redness around it. To take a teacupful of spoon food, as before, when asked for. Temperature 97·6°; pulse 80, and natural.

8th.—Much the same. No redness around wound. Removed sutures; no union, and much fetid purulent discharge. Inside wound is an ashy movable slough, evidently the sac. Temperature 96°; pulse 72.

11th.—Has continued to go on well. Tongue almost clean. Appetite good. No action since the 6th. Abdomen natural. Slough separated, except at upper part close to femoral ring. Much discharge of fetid pus. Charcoal poultice to wound. To take half an ounce of castor oil. Temperature 98·6°; pulse 80.

13th.—Says he feels well. Bowels acted three times after oil; tongue clean; appetite good; less fetor of wound, and granulations are appearing. Cut away half of slough with scissors; from its shape and appearance it is evidently half the sac. Temperature 97·8°; pulse 78.

14th.—Remainder of slough came away; the two parts make up the sac exactly; wounds look healthy. To take two ounces of minced mutton at dinner to-morrow.

15th.—About 3 o'clock severe paroxysmal pain came on about the upper part of the ascending colon, with tenderness and flatulent distension in that region, and frequent vomiting of bilious matter. No pain or distension of abdomen near the wound, which looks healthy. Temperature 97·8°; pulse 96, and feeble. Ascertained that he had been allowed to eat more meat for his dinner than had been ordered. Gave one-eighth of a grain of morphia in water at 8 P.M., which was rejected, and one-third of a grain hypodermically at 10 P.M.; linseed-meal poultice to abdomen.

16th.—Slept well. Pain and tenderness less, and confined to ascending colon. Tongue yellow and moist; no vomiting. Temperature 98·8°; pulse 84, small and feeble. To take water arrowroot as food, and a tablespoonful of castor oil.

17th.—Oil acted four times yesterday; feels well; no pain; tongue clean; wound healthy. Temperature 98·6°; pulse 68, natural. To take spoon diet as on the 7th.

21st.—Going on well; wound healing fast; bowels have acted regularly since the 17th; the wound is almost healed. To continue spoon diet for a week. At the end of that time he was again allowed an ounce of meat for his dinner, and the quantity was gradually increased until he arrived at full diet in ten days, without any untoward symptoms.

Dec. 16th.—Discharged well; the wound is firmly healed. There is no hernia, and the cicatrix is so firm that he does not appear to require a truss.

Oct., 1877.—There has been no return of the hernia, and he has been able to do his usual work for the last six months.

Remarks.—This case is interesting, as so large a portion of peritoneum sloughed away without any sign of inflammation of that membrane, and indeed without even a rise in temperature. If the sac had been returned with the intestine the result might have been different; but that was impossible, for it was firmly adherent to the femoral ring. There can be no doubt that attention to diet is most important after herniotomy. A slight error in this respect was in this case followed by what at one time looked like serious symptoms. Fortunately, however, the bowel had, between the 3rd and the 15th of November, had time to recover its tone, and no special harm resulted from the sickness. In a somewhat similar case, on which I operated some years ago, an orange was given, without my knowledge, to the patient, by some injudicious friend. This was quickly followed by diarrhœa and vomiting, rupture of the intestine, and death.

It is often said that sudden cessation of pain during the progress of a case of strangulated hernia points to the commencement of gangrene of the intestine. In this instance it might certainly have been due to death of the sac. It was more probably, however, the effect of opium; especially as, when I first saw him, although he was not fully narcotised, there was decided contraction of the pupils.

The patient was an abstemious man, and it was not found necessary to administer stimulants during the progress of the case.

Petersfield.

FOREIGN BODY IN THE LEFT BRONCHUS; CURE BY EXTRACTION.

BY W. BEATTIE-SMITH, F.R.C.S.E.,
HOUSE-SURGEON TO THE STOCKTON-ON-TEES HOSPITAL.

THIS subject was not long since dealt with in two excellent and comprehensive lectures by Dr. George Johnson (THE LANCET, Oct. 12th and 19th, 1878). I should, however, like to detail a case of a most interesting nature—one of foreign body in the *left* bronchus, the offending article being a longitudinally perforated glass bead, half an inch in length by a quarter in width.

The history of the case is, that the patient, a girl aged six years, was busy picking up the parts of a necklace, when she placed one of two larger beads in her mouth. While stooping in quest of the other parts of her broken ornament, this cherished piece of coloured glass, in a paroxysm of coughing, tricked the usually alert epiglottis and gained admission to the *left* bronchus. Some men, noticing the child in great distress, had her taken home in a state of great dyspnœa, with an anxious and livid countenance. Soon after this she recovered to a considerable extent, yet not so much as to satisfy her mother, whose anxiety for her safety induced her to turn her child "upside down" and pat her on the back. This procedure being strenuous, but unsuccessful, the little patient was conveyed to Mr. Laidler's residence, where further attempts in the same direction proved useless. The offending body could not be seen by laryngoscopic examination, but was heard to rattle in the larynx during coughing. Nor could it be caught by the forceps, which were used several times. The child recovering somewhat, Mr. Laidler decided to temporise before proceeding to operate, in order that he might bring her to the hospital and there have the advantage of a consultation with his colleagues. This was done the following afternoon (Oct 20th, 1878), when the child was found very calm and composed, offering a splendid opportunity for physical examination. This being performed, the staff were unanimous in their opinion that expansion was normal on both sides, percussion eliciting slight comparative dulness over the *left* infra-clavicular region. The breath-sounds were harsh in character on both sides, though somewhat intense on the right. On the *left* inspiration seemed to terminate suddenly, instead of flowing on with the usual cadence into the expiration, which was somewhat sibilant and jerky. When the stethoscope was placed over the bifurcation of the trachea and large bronchus, a sound was heard as if something came up with a spring at the end of forced expiration. The child was now decoyed into a little frolicksome fun with Mr. Laidler, which had the desired effect of hastening the respiration and bringing on the cough, with considerable dyspnœa. At this stage the chest was again auscultated, when the breath-sounds over the *left* side were found much deficient, an audible thrill being recognised by the bead coming well up into the trachea and larynx. The child was now inverted, shaken, and patted on the back, but without good result. Chloroform was then administered, and the trachea opened in the usual way. Distinct whistling was now heard on deep respiration, as if air were passing with a musical wave through the perforated bead, which could be heard, on forced expiration, to strike up into the trachea and then recede. A pair of curved forceps was now introduced, closed, the child meanwhile recovering from the anæsthetic influence; and after three attempts to capture the foreign body, during which it had each time been felt, success crowned the operation. The usual tube being introduced, the child was put to bed in the same room as the operation was performed in, and in which existed a moist temperature of 75° throughout the whole after-treatment. On Oct. 21st the temperature reached 103·2°, being due to a slight attack of bronchitis, which was easily checked by means of a mixture of carbonate of ammonia, solution of acetate of ammonia, and ipecacuanha wine. The appetite was good throughout, solids being taken from the day after the operation, when the tube was removed, and the incision closed by means of a convoluted suture and dressed antiseptically, with the result that exactly one week from the date of the operation the wound was perfectly healed, and the child out of bed and in her usual health and vigour.

I would now only add that the deficiency in the physical signs in this case, as referred to in the first part of these notes, would seem to me to depend on the fact that the bead was perforated *lengthwise*, and thus freer respiration was permitted than could otherwise have been the case.

CASE OF

SUCCESSFUL REMOVAL OF A PAROVARIAN CYST WHICH HAD BECOME GANGRENOUS FROM ROTATION AND STRANGULATION OF THE PEDICLE.

BY LAWSON TAIT, F.R.C.S.

MRS. E——, aged forty-three, was sent to me in March last by Dr. Fausset, of Tamworth, with a small tumour, which I diagnosed to be monocystic and probably parovarian. I advised her to defer any operation till it was larger. She returned on June 9th with the tumour greatly enlarged, and suffering from intense abdominal pain. Her face had a peculiar anxious expression, and her temperature rose to 39° C. at night. I therefore recommended the immediate removal of the tumour. On opening the abdomen I found the cyst of a black pearly colour, universally adherent by recent lymph, its contents quite black and its walls black, gangrenous, and in places quite rotten. The pedicle was twisted three or four times, and at the point of maximum constriction it was only as thick as an artist's pencil. I tied it just below this point. After the operation she had no pain, the temperature never rose above 37° C., and she has made an uninterrupted recovery. The right ovary was involved in the gangrene, but it was free from the tumour.

Birmingham.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

(Concluded from p. 865.)

Abscess of the Brain.—Excision of Cancerous Stricture from the Rectum.

AN abstract of a paper on a Case of Abscess of the Brain, by Mr. SAMPSON GAMGEE, of Birmingham, was read. The patient was a boy aged eleven, who was struck on the forehead with a stone on October 21st. This caused a small wound, exposing the bone, for which he attended as an outpatient at the Queen's Hospital till Nov. 28th, when a small scale of bone exfoliated. Pulsation was detected at the bottom of the wound, and the probe passed into a cleft in the bone. No fracture had been detected at the time of the injury. On Dec. 6th it was noted that pus was ejected from the wound when he coughed, and that it came evidently from the cavity of the skull. There were no definite symptoms, except that his hands and feet were cold, and his pulse very feeble. He was kept in hospital till Jan. 1st, 1879, and then discharged as cured. The wound was then covered with a small firm scab, and seemed to be healed. In a fortnight (Jan. 15th) he was again admitted on account of headache and vomiting, with rapid emaciation. The wound is described as being "a little moist," but no action was going on about it. He was rapidly losing flesh. The temperature was generally normal, but an evening fall of about one degree was noted. There was optic neuritis in both eyes. He continued to get worse, shrieking and wandering at night, but there was no paralysis. He was trephined by Mr. Gamgee at the seat of the wound on Jan. 31st, but no pus was found. The inner surface of bone was slightly eroded, but the dura mater looked healthy, and did not bulge into the trephine hole. The symptoms were unaffected by the operation. On the following day he quite suddenly ceased to breathe. Mr. Lloyd, the house-surgeon,

found him apparently dead, but having revived him somewhat by artificial respiration, he divided the dura mater in the trephine hole, causing an escape of about half an ounce of serum, but no pus, and then plunged a knife into the substance of the brain for about an inch, when pus welled up. A director was passed into this puncture, and the base of the skull was felt. Along this a thin drainage-tube was gently passed, and curled itself up in the cavity of the abscess. The child was nearly dead, but revived with artificial respiration, and survived for a week, dying quite suddenly on Feb. 8th. He was in a very weak and critical condition during this time, but was sensible, and had no paralysis or any impairment of any of the special senses. Towards the end of his life he had been restless, wandering occasionally, with involuntary defecation and micturition, and slight twitching, but no distinct fits. An abscess was found in the front lobe of the brain on the right side, nearly two inches in its longest diameter, and containing about an ounce of reddish-brown purulent fluid. It lay chiefly in the white matter of the brain below the convolutions, but had extended through to the exterior in one point, at the base, just in front of the right olfactory lobe. From this point a thick layer of purulent lymph extended through the pia mater for a considerable distance backwards. The brain-substance was much softened around the abscess, and the convolutions were flattened.

A paper on Excision of Cancerous Stricture from the Rectum, by Mr. JOHN GAY, was read in abstract. The patient, a lady aged thirty-seven, was conscious of having suffered for twelve months from symptoms which were clearly those of cancerous stricture of the rectum. She consulted the author of the paper in 1878, when he discovered a moderately tight stricture, formed of cancerous tissue, ulcerated on its internal surface, about two inches and a half from the anus, occupying the seat of what is known as "Houston's third ligament," just above the tip of the coccyx. Defecation had become difficult, and was often attended with violent straining and the passage of blood or discoloured and offensive sanious fluid. As her sufferings increased, and the necessity for colotomy became imminent, Mr. Gay, with the concurrence of Mr. Worley, of De Beauvoir-square, whose patient she was, after ascertaining that the stricture mass had formed no connexions or adhesions with surrounding parts, but was movable amongst them, advised its removal, to which the patient gladly assented. This was done on the 4th of November, with Mr. Harrison Cripps' and Mr. Worley's assistance, in the following manner. It was at first deemed possible to carry out this object somewhat after the manner that Nature casts off portions of bowel—viz., by invagination, and, with this purpose in view, the operation was begun. The rectum was slit up behind to the coccyx, by means of a strong bistoury (the patient having been placed under the influence of an anæsthetic by Mr. Cumberbatch), and the bowel reached below the stricture by cutting through the levator ani, fascia, and its other investments. The morbid growth was then detached from its surroundings by tearing, as well as a ring of healthy bowel both above and below. An attempt was now made to invaginate the diseased bowel into the healthy portion below, but the absence of sufficient elasticity and mobility on the part of the textures concerned stood in the way of its accomplishment. Excision was then the only alternative, and this was done by cutting across the healthy bowel, first below and then above the disease, partly by the knife, and in other parts by the benzine cautery; some vessels required tying, and other bleeding was stopped by searing. No attempts were made to bring the edges of the wounds together by force; they were simply laid together, and the whole dressed antiseptically. The patient had a very good night's rest after the operation, and was sensibly conscious of having been relieved of the source of her suffering. Nothing untoward occurred for the first fortnight but vesical retention for two or three days, which called for the catheter, and fæcal incontinence, unaccompanied by any pain. From that period to the 10th of May, the date of the last report, her course was chequered. In December she had an acute attack of cystitis; when this had passed away she suffered from frequent and irregularly recurring attacks of abdominal spasms, with or without distension or obstruction, which terminated in severe rectal tenesmus. Under the influence of opiates and hot fomentations these subsided, and for a time passed off, but they did not finally cease until the vertical cleft in the bowel had healed. The surfaces of the cut sphincter were exceedingly sensitive, and it was supposed that these spasms were in some way connected with their rawness. After that some folds of skin at the verge of the anus became ulcerated by fæcal irritation, and had to be removed. In the month of January it was found that a diaphragm had formed by the thickening of submucous areolar tissue in the neighbourhood of the internal sphincter, with an aperture that allowed the introduction of the forefinger. As the aperture did not appear inclined to become narrower, the barrier was not intentionally interfered with, for with its formation the fæcal incontinence lessened, and the alvine discharges became consistent, and, at times hard, so that it was accredited with the design of supplementing the suspended action of the sphincters. In April the patient began to fall away, and symptoms showed themselves which were only consistent with a recurrence of the disease, and, on examination, cancerous nodules were found on the os uteri and adjoining vaginal tissue against the intestinal cicatrix, and no doubt could be felt but that they had formed in the cicatricial tissue as well. In May, however, her condition had improved in some respects. She was free from pain, the abdomen was soft, the motions more under control than they had previously been, and she took her food. Pain and difficulty in micturition, from which she had suffered during a part of the previous month, had also passed away. The local symptoms, however, were unchanged. The author did not claim this as a successful case, but thought it deserving the consideration of the Fellows, inasmuch as it gave grounds for hoping that the surgery of the rectum had not been exhausted. It showed, first, that the system was more tolerant of severe injury to the rectum than had been suspected, for it bore without resentment the removal of a considerable and an entire cylinder from that part of the bowel which closely adjoined the peritoneal cavity. The temperature did not exceed 100° at any time subsequent to the operation, and only rose to that point for two or three hours on the fifth day. And, secondly, that nature is quite adequate to the process of repair. It is admitted, too, that the recovery was protracted and attended with great suffering, but on reviewing its steps and stages by the side of the painful symptoms with which it was accompanied, it is clear, the author thinks, that the troubles were due to the fact that, throughout, Nature was deprived of the assistance of art. Had the sundered portions of bowel been brought more closely into apposition, the cleft in the sphincters been immediately reunited, and all portions of superfluous skin removed from the anus, the suffering must have been much ameliorated, the healing less protracted, and the chance of recurrence of the disease, to a corresponding degree, lessened. The author offered some suggestions for utilising the rectum, by slitting it up, in cases in which nearer access is needed for surgical purposes, or even exploration to the higher portion of the rectum, such, for instance, as cases of intussusception, impaction, fistulous passages, polypoid and other growths, ulcers, &c.; and, moreover, that in cases of imperforate anus, taking the coccyx as the "landmark," and assuming that the cul de sac reaches as far as that bone or below it, the bowel might without danger be entered at that point, and an opening made from within. The author concluded by trusting that this case, although incomplete and, in point of aim, in all probability, unsuccessful, might give confidence for future proceedings in the direction indicated, and that, if so, it might, by its relation, conduce to mitigate suffering and to prolong if not to save life.—The PRESIDENT doubted whether excision of true cancer of the rectum were a preferable operation to colotomy, owing to the certainty of speedy recurrence of the disease.—Mr. CRIPPS said that all the specimens he had examined had not been examples of cancer properly so called. The disease began as an adenoid growth in the submucous tissue, proceeding to ulceration and cicatrisation, so that the floor of the ulcer becomes dense and scirrhus-like. In a case of his own he had removed a recurrence four months after the primary operation, and since then (about two years) the patient had remained quite well. Her condition was better than if colotomy had been performed. Another patient operated on by Sir James Paget three years ago was now in good health and attending to business.—Mr. HOLMES thought the operation performed by Mr. Gay was not only novel, but, on anatomical and surgical grounds, was dangerous. He knew of cases where, after removal of portions of the rectum, death had ensued from cellulitis and peritonitis, without the peritoneum being injured at the operation. The danger would be

increased by slitting up the bowel and removing a zone of it, as Mr. Gay had done. At the same time he thought excision might be of advantage in selected cases; and he agreed with Mr. Cripps that all the cases are not true cancers. He had excised the lower end of the rectum for an adenoid growth eighteen months ago, and the patient remained well, but had no control over the bowel, the sphincters having been freely removed. Mr. Gay's patient was still in a position to have colotomy performed.—Mr. CRIPPS had notes of thirteen cases (five under his own care), with two deaths; one from peritonitis, where the peritoneum had been specially wounded.—Mr. HULKE said that several years ago Mr. C. Moore, at the Middlesex Hospital, had performed excision of the rectum for cancer in four or five cases, and Mr. De Morgan in two. All of these patients succumbed in three or four days from diffuse pelvic inflammation. Still, in selected cases the operation was justifiable; and he had done it himself. If the disease were beyond reach then colotomy was preferable.—Dr. LEARED referred to a case under Mr. Allingham's care, where recurrence of the disease and death ensued ten months after the incision.

The Society adjourned until October.

OBSTETRICAL SOCIETY OF LONDON.

THE USE OF THE FORCEPS.

(Continued from p. 884.)

Dr. HENRY BENNET.—I feel some reluctance at rising to take part in the present discussion, as the remarks I have to make do not directly follow in sequence of the most valuable observations which have been made. Allusion has been made to rigidity of the cervix, and all our obstetrical works are full of allusions to the rigidity of the cervix as hindering the progress of labour, and necessitating sooner or later the application of the forceps. I was led by several remarkable cases that occurred to investigate the nature and origin of this rigidity of the cervix a little more narrowly than had been done, and I made it a point, whenever I remarked rigidity or induration, to examine my patient two months afterwards; and I always found in those patients pathological conditions, chronic inflammation, induration, enlargement of the cervix, and thus the nature of this interference with the normal physiological process of parturition became revealed; and this throws a little light upon the treatment of these conditions, and shows the inutility of many of the agencies usually resorted to—belladonna, &c.; and the advantage that is derived in many cases from incisions. I would also say, as a gynæcologist, we have frequent opportunities of examining women who have gone through instrumental confinement, and I am constantly in the habit of finding, four or six months afterwards, lesions connected with instrumental delivery; and I think the rule I follow myself ought to be followed by all obstetricians, that whenever any instrumental labour has taken place, whenever there is any rigidity or interference with the natural and physiological course of labour, no patient should be afterwards left to herself. It should be a matter of rule that, six weeks or two months after, an examination should be made to ascertain whether the state of the genital organs is sound. If this rule were followed, a vast amount of physical suffering in women would be saved. Lesions would be discovered, and easily cured within a few months after confinement, which are very difficult to cure when they have existed for some years.

Dr. CRANNY.—The fact of my having been assistant-master of the Rotunda Hospital during the period that Dr. George Johnston was master may be sufficient excuse for my venturing to make a few remarks on this paper. I may say that in the main I agree with Dr. Barnes, but there are a few minor points I should like to remark upon. And first of all as to the necessity of early operation in certain suitable cases. There is no doubt that there are many cases where the necessity exists for interfering before the os uteri is fully dilated. First of all it is necessary in order to prevent undue exhaustion of the patient. As Dr. Barnes so very ably puts it, the patient may have gone through a severe first stage of lingering labour, and thereby her powers are exhausted, and she has not sufficient strength to carry her through. In that case there is an undoubted necessity for the use of the forceps. Then the early operation prevents sloughing and its consequences. Now this evening we have heard from Dr. M'Clintock that the use of ergot when it acts may cause injury to the soft parts of the mother. Why may not the same danger occur if there is a great pressure upon the uterine action caused without the use of ergot? This undoubtedly exists, particularly in the cases where the membranes have been ruptured early, and I think Dr. Barnes will agree with me when I say that this early operation in many cases saves the life of the child, and also we know from statistics which have been published in a paper by Dr. Kidd that this early interference has decreased the number of craniotomies considerably. I think the number of recoveries that have taken place under this practice which Dr. Johnston has carried out so fully, and which has been criticised so largely, are quite a sufficient justification for his practice. And we must bear in mind that, though there were nine deaths, yet he accounts for every one of those fatal cases otherwise than by the use of the forceps, and it is not fair in criticising him to attribute the deaths to the early use of forceps. There is one point, I think, that should not be forgotten. Though Dr. Atthill has told us this evening of a case of rupture of the uterus occurring from use of the forceps, still I think I may say that was because the forceps was used in an unsuitable case. If the os uteri had been properly softened and dilatable, that rupture would not have taken place. I have seen the post-mortem examinations in most of the cases of death that occurred during Dr. Johnston's mastership, and in no case was there injury done to the uterus by the forceps. As a proof of this absence of injury, I may mention a minor point in practice, but still it will go to bear me out. It was very seldom that we were obliged to use the catheter after delivery in cases of labour that were completed by the use of the forceps, proving that there was no inflammation. This I believe was not the case in former times before early interference was practised. Many cases are on record of sloughing of the vagina, and I believe they were altogether caused from the want of proper assistance in time. The suitable cases, then, are those in which the os uteri is dilatable and soft; it is not right to introduce the forceps in cases where there is a rigid cervix. Then Dr. Barnes says the natural order and process of labour is disturbed by the operation. That I do not think he is quite right in. I do not believe that the fact of introducing forceps interferes with the natural process at all. Of course it hastens it, but as to causing any ulterior bad results, I do not think it does. I never noticed the slightest disposition to post-partum hæmorrhage or retention of the placenta, and I never saw a case where the uterus was dragged down to the vulva; and so far from there being a bruising of the soft parts, I think it is a saving to them, because we save the tremendous and long-continued pressure upon the soft parts. I agree with most of Dr. Barnes's conclusions, except, perhaps, with No. 4, which I think requires a little modification. There are other considerations besides the position of the head which should influence us as to the use of the forceps. We must also take into account the time the waters have escaped, and whether any progress is being made; also the amount of suffering of the mother and the danger that exists to the child from the long-continued pressure.

Dr. SAVAGE.—If I may, without presumption, make a few remarks, I should like to elicit some further information from our Dublin friends. Though I have not attended a case of midwifery for twenty years yet up to that period my practice was not inconsiderable, and I have ever retained a very lively interest in all that concerns the practice of midwifery, and have watched its progress, and also have been quite surprised to see the new tone that this branch of medicine has assumed. My past experience clashes very much with much that I have heard to-night. When I say my practice was considerable, I attended patients before I ever attended lectures. I have attended lingering labours, and never used the forceps once, and never lost a case. I am connected with a hospital to which is attached a maternity—a small one, but it is the better watched because it is small. They have cases of lingering labour, but I hear of no deaths, and that has been going on for twenty-five years. Now, for anyone with an experience of that kind to come in collision with statements regarding the use of the forceps once in every five or ten cases is quite amazing. I cannot understand it. I have had lingering labours con-

tinuing two days; and what has been the end of them? Why they always did very well without the forceps. And, more than that, there seems to be an error running throughout the whole of this debate, and although I quite agree with all that has been said with regard to the mode in which Dr. Barnes has introduced the subject, it seems also to run through his paper, and that is, looking at the dilatation of the cervix of the uterus as a mechanical affair, that it can only be done by a superincumbent pressure. The dilatation of the uterus, in my opinion, is entirely a vital act, having to do with the state of the constitution or the nerves of the patient. If it were not so, what would be the use of your alternatives? If it was not a physiological act, what is the use of the warm water, the chloral, and the opium? You have no mechanism there, and therefore I say, if a man enters the practice of obstetrics with the sole idea that the opening of the uterus is a mechanical thing, he will be a very bad practitioner to the end of his life. You say naturally: "Here is no *vis à tergo;* then I will have a *vis à fronte.*" I am not going into details about these alternatives, which seem to be rather condemned in Dr. Barnes's paper, though for my part I think a great deal of them. I was, however, very much struck by an observation which fell from a speaker on the previous evening, who said, "The Dublin school has been talking a deal of nonsense." I was perfectly amused. I know a great deal of the Dublin school, and, with the exception of thinking that Dr. Johnston's practice was extreme and such as I could not comprehend, I had great respect for the Dublin school. To be sure, the speaker either apologised or said "present company excepted"; but I thought it a left-handed way of getting out of it. I paid particular attention to what he said, and I am certain that never in the course of my life did I hear any such nonsense from anyone. What did he say? He said he would introduce the long forceps,—and here I must call attention to what Dr. Barnes has said about the long forceps. When you are speaking of the high operation and the low operation, you are speaking of two very different things. Who will undertake the high operation under any circumstances, unless he has had some practice in the use of the long forceps? I consider it hazardous in the extreme in untutored hands. "Now," said he, "what do I do? I will tell you. I just take my forceps, and I do not care much about the resistance of the os and the cervix; but I get my forceps in; and when I have got them there, by the adoption of some little screw I make this a squeezing forceps, and I will reduce the head so that I can bring it down eventually." Fancy a man with my experience twenty years ago hearing such sentiments as these, and imagine what must have been my amazement. Now I will say this to my Dublin friends: If you get your forceps into the uterus, the head not descending, and it is above the brim, I will defy any man to tell what part of the fœtal head he catches hold of. I am justified in that by what is remarked by Cazeaux, a Frenchman of great distinction, whose book is adopted by the faculty. He says that the head is a movable head, and you may catch it by the eye or by the neck, or you may lay hold of it in such a way that it acts something like a cherry imperfectly held by the fingers, that will slip off—that is, your forceps will slip off, and will inflict a most serious gash. I need not say what would be the consequences of such a result on the eye or the neck. Now, I can imagine this gentleman having got hold of the eye or the neck, and then he applies his screw to reduce the capacity of the forceps. Do you mean to tell me that you will extract a living child under those circumstances, or that you are likely to deliver without serious injury to the woman? Certainly not. I have listened very attentively to our Dublin friends. I have a great respect for them; and they have said, in my opinion, the most sensible things that have been said, notwithstanding the allegation of nonsense that was cast upon them. I hope I am not out of order in trying to elicit what is their experience with regard to these allegations of Cazeaux. I have not heard one word said in this discussion about the uncertainty of the hold that the long forceps may take upon the head when it is high up; I do not mean when it is down, really resting on the brim, and where you are pretty sure. Supposing you are so fortunate as to get hold of the head, back and front, and you bring it down within the area corresponding with its longest diameter flat on to the top of the pelvis; you will not get it through unless you squeeze with the instrument. How then do you hope to get it through? I know you talk about leverage, but the effect of your leverage is simply to do what you can demonstrate on any old tin kettle. Referring to my own practice, I remember we had the long forceps (which we never used), and there was a perforator, but we had not the paraphernalia of the new system. I mention this to contrast the practice of twenty years since with the present practice, and all I wished was not by any means to compliment the Dublin friends, but to do them some little justice in return for the left-handed compliment which was paid them. I should certainly like to know all about this catching hold of the head, and whether in their experience they ever happened to catch hold of the eye or the neck.

On the motion of Dr. Roper, the debate was adjourned till the meeting in July.

Reviews and Notices of Books.

Typhoid Fever: its Causes and Extent in Melbourne. By WILLIAM THOMSON, F.R.C.S. Ed. Melbourne: George Robertson. 1878.

[SECOND NOTICE.]

WE will now turn to some of the facts in this report. Typhoid fever prevails in Victoria especially in the months of April and May, and in England the special prevalence is met with in September and October, so that in both countries the autumnal months are favourable to the disease. The mortality from it in England is in the month of April little more than one-third of that met with in October, and mortality must be taken generally "as a measure of morbility." In Australia summer diarrhœa precedes typhoid; in England the same fact has been noted, and it is certain that seasonal influences require careful notice in regard to typhoid. Those who urge the possibility of a *de novo* generation say that typhoid fever prevails in the autumnal months because at these times heat and moisture have had a chance of aiding in the formation of the contagium; and the opposite section, admitting seasonal influences, advance the view that in autumn latent germs are spread abroad by favourable external conditions. Both sides are possibly correct, and neither should lose itself in extreme opinions until our knowledge of the whole subject is more definite. Mr. Thomson states that the question of "contagion" in typhoid was submitted to the profession in Victoria, and the general opinion was against contagion—which means, we suppose, that many practitioners believed that the disease could arise apart from any pre-existing case. But it does not mean that the contagious nature of typhoid fever was denied. As a logical consequence, those who assert that typhoid germs originate sometimes *de novo* must admit the possibility of at least a stage of growth of these germs in persons suffering from the disease, on the principle of the greater including the less. Mr. Thomson quotes Stokes, Trousseau, Sir Thomas Watson, Sir William Jenner, and Dr. Murchison in support of his exclusive views; but we are persuaded that the two last-named clinicians have been very guarded in their utterances on this question. The author is fully convinced that the contagia of vaccinia, syphilis, variola, scarlatina, typhoid, and typhus are elaborated within diseased bodies and have no other source; that they are unknown as entities, except in connexion with diseased individuals. No one can complain that Mr. Thomson is wanting in fearlessness, explicit statements, and decisions. He describes the origin of typhoid in Victoria, and traces it to importation by immigrants; but he quotes also the experience of one of the earliest medical settlers to prove that prior to the gold epidemic there had been in the colony a non-contagious fever of remittent type, which disappeared as settlement went on. Now typhoid fever often has a "remittent" character, and often disappears as "settlement" goes on under proper rules, and we cannot be satisfied that the fever of "remittent type" was not some form of typhoid. And if

typhoid were introduced into a particular locality, we are convinced that it would have a brief reign if the drainage and general sanitary arrangements were as complete as modern science desires. But that typhoid fever can be imported into a colony free from the disease is, as we have said, an established fact; and we thank Mr. Thomson for insisting on this. He tells us that the fever was unknown in Queensland until brought thither from England in a fever-stricken ship, the *Flying Cloud*—by no means an inappropriate designation. Other examples of importation of the disease into the colony are given, and we do not question for a moment their entire accuracy, as the ships carrying the contagion carried persons suffering from typhoid. And here arises this important difficulty: can typhoid be imported by an immigrant not at the time affected by it? We see grave reasons for doubt; but Mr. Thomson does not hesitate. He boldly states that typhoid germs have been transmitted from America to Australia in a clothes-box, and thus raises typhoid fever, as a communicable disease, to the level of scarlet fever, and to a higher level than typhus. His illustration or proof is this: A body of immigrants, one of whom had suffered from typhoid before sailing from America, settled in a rural district in Australia, and shortly afterwards typhoid fever appeared in this rural community. The clothes-box of the man who had suffered from typhoid in America is accused by Mr. Thomson as the source of contagion. No typhoid appeared on the ship which carried the box and its owner. Germs, that is to say, which elude the highest microscopic powers could not escape until the box-lid was raised when the colonists reached their destination. Pathogenists and others, of course, will ask this question, Was not the typhoid patient still suffering from typhoid throughout his voyage, and were not his excreta washed away daily, so that no opportunity was given for the development of typhoid germs on board ship? Typhoid fever is often so protracted with relapses of ambulatory type that it is more than likely that the owner of the clothes-box, rather than the latter, brought the contagion—that is, if the disease came by either channel. We know of no instance where a physician or a nurse, not suffering from typhoid, but in constant attendance on typhoid patients, carried the disease to others. No physician, while he has fears about variola, typhus, and scarlatina, ever supposes that he can bring into the bosom of his family typhoid, pertussis, or diphtheria. Yet he admits the contagiousness of the latter diseases, but clinical experience teaches him that so widely divergent are the actual facts as regards contagion that we cannot argue from one acute specific disease to another to settle the whole question.

Some examples given by Mr. Thomson are well worthy of quotation. Thus, a family of eight living on a very healthy site suffered one after another from typhoid. The father, who was of middle age, was first attacked, and died of the disease. No contagion could be traced in his case. He was a coachman, of course frequently from home, and often had occasion to sleep out. Possibly, therefore, he may have been exposed to contagion, but no proof is given of the existence of typhoid in the localities which he visited. The household was supplied with water from a sunken tank within fourteen feet of the filled-in pit of an old privy, the contents of which were only covered with earth. The father alone seems to have been in the habit of drinking this water, and he was the first affected. We have not space to detail this example, but we are bound to conclude that the first case of typhoid was due to the tank-water. The families on each side became also sufferers from the disease, and while the facts as given are in favour of the contagious extension of typhoid fever, they do not disprove, but rather tend to prove, its occasional spontaneous origin. Of course it is easy to urge that specific germs were lying latent in the water, but though a previous attack of typhoid in the district is hinted at, its imperfect history only increases one's doubts as to its occurrence. Mr. Thomson is certain "that the fever was not set up by effluvia from drains or decomposing animal or vegetable matters, because nothing of the sort was about the premises." Everything was pure, even the surroundings of the dwelling first attacked. But is such a statement compatible with that which tells of a "closed privy" in immediate contiguity to the water-tank, whose contents the individual first attacked was in the constant habit of drinking? Mr. Thomson, contagionist though he is, honestly admits a difficulty. We quote this case because it illustrates a series to which most physicians could supply an instance, and with no intention of discrediting Mr. Thomson's excellent work. He is clearly an eager labourer, and possibly too enthusiastic, and will receive with pleasure, we doubt not, any possible sources of error we are able to indicate.

Some exceedingly interesting examples of milk epidemics are narrated, and will be read with care by the profession in this country. Mr. Thomson urges that a milkwoman suffering from typhoid carried contagium to the milk, and thus started an epidemic of the disease. The woman and the milk-pail were mere mechanical vehicles. Mr. Thomson says that a person nursing a sick daughter, suffering from typhoid, milked the cows in a dairy, and that from her "frowsy person contagion-particles dropped into the milk-pail," and thus extended the disease. We confess that we do not, in face of the fact that no physician has been known to convey the disease, believe that Mr. Thomson has sufficient data before him to justify this conclusion. At the same time we do not dispute the value of his observations on milk epidemics. It is beyond question that milk poisoned by water polluted by dejecta of typhoid patients has excited epidemics of typhoid fever. But this does not prove that typhoid germs are not multiplied outside the bodies of typhoid patients, that these germs are carried by a person not suffering from the disease, and that typhoid never arises *de novo*. We maintain that it remains absolutely not proven that typhoid fever is usually communicated by immediate personal contact with the sick.

We will quote another example of doubtful contagion for the reasons given above. A woman suffering from ambulant-typhoid went to live with another, who kept a dairy in the outskirts of a village. "A few days afterwards two children were attacked with typhoid fever." What is meant by a "few days"? The expression is altogether too vague, and as it stands would suggest that the children did not take the disease from the first-named woman. Here is another case:—A woman who had been nursing a girl suffering from typhoid fever returned home, took up her child, and then thought she had done wrong, as she noticed at once the peculiar odour she had perceived in the house just left. The child was taken ill "in a few days," and died of typhoid fever. This is not only very vague, but positively begs the question of contagion. What is meant by the "peculiar odour" noticed at a particular time? Was it due to hysteria in a woman whose nervous system had been tried by night-watching? And all concerned were relatives, possibly by visits equally or nearly equally exposed to the same common cause of the disease. The first instance could not be traced to any contagion, and pythogenists will not hesitate to affirm the same of the second case.

We repeat that we have given quotations of doubtful cases in the desire to be impartial. We admit in a limited sense the contagious nature of typhoid fever; but such admission leaves many points unsettled. As we have said, Mr. Thomson takes this ground:—Typhoid fever is a purely contagious disease; its specific germs are developed

in the bodies of those affected; are not influenced by foul drainage, either in the way of increased reproduction or of spontaneous generation. It seems to us that it has not been proved that typhoid fever is a contagious disease in the same sense as typhus, small-pox, and others are so; that drainage has a marked influence on its extension; and that the spontaneous origin is still *sub judice*, and cannot be dismissed by positive proofs of contagion-extension of the disease.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

DR. STOPFORD TAYLOR, the medical officer of health for Liverpool, casts his annual reports in the same mould which his predecessor, the late Dr. Trench, was accustomed to use. By so doing the series of reports are kept in the same form, with great convenience for those who wish to compare a period of years. Dr. Taylor's report for 1878 shows a mortality in the borough of 29·3 per 1000, the average annual mortality of the previous ten years having been 29·0 per 1000. The slightly increased mortality of 1878 is assigned to the prevalence of measles and scarlet fever, and the great extremes of the summer and winter quarters. "In a sensitive population like ours," observes Dr. Taylor, "any change of temperature has a marked effect upon the death-rate, and though a desire is frequently expressed for a return of the old-fashioned seasons when the summers were hot and the winters cold, yet, whatever may have been the effect in former times, there is no doubt that at the present day what is called 'seasonable weather' is death to many. The high temperature of summer means an increased death-rate from diarrhœa, and the cold of winter increases the mortality from pulmonary diseases."

The medical officer of health for the Hexham sanitary district, Dr. McGrigor Maclagan, in his annual report for 1878, shows a reduction in the death-rate of the district from that of the previous year—17·5 as compared with 18·0 per 1000 population. The report gives evidence of the progress of sanitary work, and with respect to one of the most important parts of this work, the privy accommodation, Dr. Maclagan states that he is able to give a most favourable account.

Dr. Baylis, the medical officer of health of the West Kent sanitary district, in his annual report for 1878, gives, as usual in his reports, an instructive and interesting account of sanitary progress therein. The part of the report which will, perhaps, attract most the attention of readers living outside the district relates to small-pox. There were not less than twenty-seven detached appearances of small-pox in the district during the year, nearly all traceable to importation from London, and, with one exception, all admitting of being "stamped out" by prompt isolation and disinfection, especially by the system of home disinfection and nursing which is practised in Dr. Baylis's district. In the exception referred to the disease had been allowed to get hold of a community before the information came to the knowledge of the medical officer of health. Hence, like many other medical officers of health, he craves for some legislation which would make a registration of infectious diseases compulsory. Dr. Baylis speaks, on the whole, favourably of the operation of the bye-laws as to hop-pickers where they have been put in force.

The medical officers of health for the Belper union rural sanitary authority, Mr. Edward Gaylor and Mr. L. Allen, in their detailed annual report for 1878 of the sanitary state and health condition of the several parts of their districts, show what excellent work they are doing there. Patience is obviously an essential element of progress in a district like that of Belper rural, but it is clear from these reports that patience will have its due reward. Commenting upon infant mortality, Mr. Allen states that hand-feeding and the use of artificial foods are the cause of the high mortality among the infants of the working classes of his district.

Dr. C. E. Saunders, the medical officer of health for the Middlesex and Hertfordshire combined sanitary districts, is at disadvantage in his work because he has what is called a low death-rate district, (17·8 per 1000 population in 1878), and he has to convince his authorities that the death-rate, although low as compared with thickly-populated localities, is superfluously high for Middlesex and Herts. In his annual report for 1878 he writes hopefully, however, of progress, takes the householder to task for not properly supporting the sanitary authority by neglecting too often to give due care to the sanitary state of his own premises, and generally says many useful things in a readable fashion, which the persons whom they chiefly concern will do well to ponder over. The report illustrates the difficulties of a rural district situated upon the verge of a great city, which is constantly scattering infection into it, but proves how effectively this danger may be kept in check by proper management and watchfulness. The cottage question—that is, the proportion of dilapidated and filthy cottage property—appears to be one of the most difficult of solution in this district.

If the detailed sanitary work of Sunderland were as faithfully carried out as the admirable reports of the medical officer of health for the borough (Dr. Henry J. Yeld) show it might be, we cannot help thinking that the health of the place should be better than its vital statistics prove it to be. A death-rate of 25·5 per 1000 in 1878, as compared with an annual average of 22·4 in the five previous years, suggests that there is some fundamental error in the Corporation's method of sanitary administration. This suggestion seems to have confirmation when we read in Dr. Yeld's report for 1878 that the number of orders taken by inspectors, and private orders received at the sanitary office during the year, for the cleansing of ash-pits, was not less than 8202. This appears to imply that Sunderland has not yet in operation a systematic method of removing filth; and we should imagine that few populations can less afford, on health account, to live among its filth than the population of Sunderland.

HEALTH OF LARGE ENGLISH TOWNS

IN THE TWENTY-FIFTH WEEK OF 1879.

DURING last week 5127 births and 2619 deaths were registered in twenty of the largest English towns. The births were 55 and the deaths no fewer than 751 below the average weekly numbers during 1878. The deaths showed a further decrease of 162 from the declining numbers in recent weeks. The annual rate of mortality per 1000 persons living, which had declined in the fifteen preceding weeks from 29·1 to 19·7, further fell last week to 18·5, the lowest recorded death-rate in any week in these towns. The lowest rates in these towns last week were—11·2 in Plymouth, 11·3 in Oldham, 11·5 in Portsmouth, 12·3 in Nottingham, and 13·7 in Leicester. The rates in the other towns ranged upwards to 20·2 in Bradford, 21·7 in Hull, 21·7 in Newcastle-upon-Tyne, 22·0 in Norwich, and 25·7 in Manchester. The deaths referred to the seven principal zymotic diseases in the twenty towns were 375 last week, and 26 less than those in the previous week; they included 129 from measles, 90 from scarlet fever, 67 from whooping-cough, and only 27 from fever, principally enteric. The annual death-rate from these seven diseases averaged 2·7 per 1000 in the twenty towns last week; it was 0·0 in Wolverhampton, and only 0·4 in Portsmouth and Leicester, while it ranged upwards to 3·8 in Salford, and 3·9 in Hull. Of the 129 fatal cases of measles in the twenty towns no less than 104 occurred in London, whereas but 25 were returned in the nineteen large provincial towns. Scarlet fever showed the largest proportional fatality in Salford, Bradford, Hull, and Sunderland. Three deaths were referred to diphtheria in Manchester, and 3 to enteric fever in Hull. Small-pox caused 12 more deaths in London, but not one in any of the nineteen large provincial towns. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had been 207 and 204 at the end of the two preceding weeks, further declined to 196 on Saturday last, the lowest weekly number since the middle of December, 1878; 35 new cases of small-pox were admitted to these hospitals during last week, against 48 and 42 in the two previous weeks.

THE LANCET.

LONDON: SATURDAY, JUNE 28, 1879.

LAST year there were ten candidates for three vacant seats in the Council of the Royal College of Surgeons; this year there are only six candidates for four seats. Whether the comparative fewness of the candidates will lessen or increase the embarrassment of voters is an open question. We are disposed to think that it will tend to increase it, especially when we remember that not one of the aspirants to a seat in the Council is without some claims. As to the precise value of these claims, there may be considerable differences of opinion, but it cannot be denied that, whether they be regarded from the purely professional or from a business standpoint, the candidates possess respectable, and one or two conspicuous, qualifications. No one will dispute our indebtedness to Mr. SPENCER WELLS for the share he has had in elaborating and perfecting the operation of ovariotomy. Mr. BARWELL, besides his reputation as a writer and a pathologist, as evidenced in his able treatise on Diseases of the Joints, holds a distinct position as a teacher and as a bold surgeon: witness his five cases of double distal ligature for intra-thoracic aneurism. Mr. BRYANT, again, is not only the author of the most popular Manual of Surgery in the English language, but, by having availed himself of the abundant opportunities that a surgeoncy at Guy's Hospital affords, has attained an enviable reputation as an able and most skilful practitioner. He has even better claims than these to the suffrages of the Fellows, having on many occasions—more particularly by his connexion with the Medical Society of London—shown that he possesses an exceptional business capacity; and at present this quality is, perhaps, more needed in the Council than mere professional eminence. Mr. JOHN WOOD is universally known by his ingenious device for the radical cure of hernia, and Mr. HENRY POWER through his honourable connexion with CARPENTER'S "Physiology"; while, as to Mr. JONATHAN HUTCHINSON, there is scarcely any department of medical or surgical literature to which he has not contributed. To decide between such claimants is no ordinary task, and yet it must be done. It has been hinted that the easiest and the best way would be to re-elect Mr. SPENCER WELLS for his distinguished services in the fields of pathology and surgery, and then without more ado to return the three gentlemen who received such encouraging support last year—namely, Mr. BRYANT, Mr. JOHN WOOD, and Mr. HENRY POWER. Such a course has, at least, the merit of simplicity, and could displease no reasonable person. Everything considered, and not forgetting the qualifying circumstances commented on last week, we are not prepared to undertake the responsibility of offering an alternative.

THE Select Committee up to this point continues to receive only the most glowing accounts of the constitution and the working of the Medical Council. Friday last, the second day of the sitting, like the first day, was devoted entirely to Dr. ACLAND, the drift of whose evidence seemed to be that it would baffle the wisdom of Parliament to devise anything more perfect than the present system of nineteen bodies revolving round a central body that allows them all to take their own way. Perhaps Dr. ACLAND'S evidence on the second day of his examination was not so painfully official in its tone as on the previous day, but, taken as a whole, it leaves an impression that the quality of it is in striking contrast to the quantity, and that, perhaps, those who disapprove of the Council and of the present state of the medical examination system could scarcely wish for a more damaging impression to be produced than must have been made by Dr. ACLAND'S advocacy. Witness his poor attempts, under the examination by Dr. LUSH, to exculpate Oxford for its gross neglect of the great art and science of medicine; his simple remark that he is not prepared to say that the English members of the Medical Council are the best judges of what is good for Scotland, as though members went to the Council to consider what is best for nationalities, and not for the empire; his ready but unsatisfactory theory for vindicating the Medical Council from inconsistency in sanctioning a scheme of medical education in 1878, in which only three months are required to be given to lectures on midwifery and diseases of women, whereas one of its best committees in 1869 had expressed itself to this effect:—

"We are decidedly of opinion that the present space allotted to midwifery in the regulations of some of the licensing bodies is too short, and that, as was formerly the case, it should extend over one winter session, and that instruction in practical midwifery should also be extended."

There is one incessant misrepresentation (of course unintentional) running through Dr. ACLAND'S evidence—and we fear we must say through Mr. SIMON'S so far—viz., that those who desire to change the constitution of the Medical Council do so with the intention that it shall undertake other and larger duties than those contemplated in the Act of 1858—care for other interests than those of the public. As far as we are parties to the demand for a change in the constitution of the General Medical Council—and we are most earnest and hearty parties to it,—it is on the simple ground that its constitution is a hindrance to its proper work of promoting education, and has been amply shown to be so in the history of the last twenty-one years. The great memorial of 1870, signed by 9724 memorialists, and of which Mr. SIMON gave an astoundingly inaccurate impression that it was a demand for a medical parliament that would do great things in the way of money for the profession, did not materially differ from us on the ground of its demand for reform when it set forth that the memorialists would not be satisfied if an amended Act aimed at protecting and consolidating "the interests of the corporations ..... in preference to the real interests of science, of the profession, and of the public." We hold these interests to be identical. Though the British Medical Association, or its Reform Committee, have laid themselves open to the charge of being possessed with one idea on the question of reform—viz., that of Direct Representation,—it is easy to show that their belief was that in asking for this they were asking for it in the interests mainly of medical education. It may be said that the clamour of many for reform resolves itself

into a demand for an increased stringency of the penal clauses of the Act, and a requirement that the Medical Council shall, at any rate in grave cases of fraud, undertake their application. Even if this be so, it cannot be denied that, as far as they go, they are at least logical and consistent. If a Register is to be worth anything, those who guard it should, in the interests of the public, punish severely those who fraudulently and impudently use titles which imply registration. The duty of punishing those who fraudulently pretend to be on the Register surely very naturally devolves on the Council of Medical Registration, which receives large fees for registration, and—despite the occasional excess of its expenditure over its income—due to its much speaking, and its habit of constantly repeating its own discussions—has managed to accumulate well on to £30,000, for which it has no more reasonable use. Those who are severely examined and taxed as a condition of registration are examined and taxed in the interests of the public. It is equally in the interests of the public that if registration is to be made difficult, the pretence of registration should be made penal, and those who ask for even this reform are not necessarily less public-spirited than either Dr. ACLAND or Mr. SIMON. We hope to hear no more of this misrepresentation of the motives of those who demand material changes, whether in the constitution of the Council or of the examinational system. They maintain—as Mr. FORSTER gave them credit for doing—that for its present duties and purposes the Council would be better fitted, that it would be a better Council of Medical Education, if it contained men in the ranks of general practice, and familiar with the wants of those who, in the rough experience of life, best know where their education has been defective.

Two remarks of Mr. SIMON'S call for attention: One, that he did not see why, if the licensing authorities were consolidated for examining purposes, they should not be so for Council purposes. Under such a principle, which we have always advocated, Mr. SIMON thought the Council might be reduced to twelve. The next remark to which we refer is, that if the Edinburgh University, which now has but half a representative—being grouped with Aberdeen—asks for a whole one, the English College of Surgeons might ask for six. We presume Mr. SIMON means that this demand would represent the numerical proportion of members of the College to graduates of the University. But he has also told us in his remarkable evidence that the representation of bodies is quite independent of their size—i.e., we presume of their medical size. So it is alas! But alas that so it should be. Yet even were it otherwise it would be difficult indeed to show that a modest demand for one representative by that "exceedingly important school" Edinburgh University—which has done vastly more for medical education than the College of Surgeons has ever done—would justify the latter body in demanding six additional representatives. The one body is a mere examining body; the other is a magnificent medical school with 1200 students from all parts of the world.

A DEPUTATION of medical and other gentlemen interested in metropolitan hospitals waited on the Home Secretary on Friday last, and submitted four propositions to him, asking for a Royal Commission to investigate the facts, or the alleged facts, of the case. The deputation consisted of the Right Hon. W. E. FORSTER, M.P.; Lord REAY; the Right Hon. J. STANSFELD; Mr. O. E. COOPE, M.P.; Mr. PELL, M.P.; Sir J. KENNAWAY, M.P.; Sir WILLIAM GULL, Bart.; Sir CHARLES E. TREVELYAN, Bart.; Sir T. FOWELL BUXTON, Bart.; Sir RICHARD WILBRAHAM; Sir RUTHERFORD ALCOCK; the Rev. T. J. ROWSELL, &c. The propositions submitted to Mr. CROSS were as follows:—

1. That the hospital accommodation of London is imperfectly distributed, and, in many districts, altogether inadequate.

2. That the want of organisation and co-operation among the medical institutions of the metropolis materially lessens their usefulness.

3. That the present system of indiscriminate relief injuriously affects the independence and self-reliance of those who are able to meet, in some degree at least, the cost of medical and surgical treatment.

4. That the funds at present available, either for proper maintenance of nearly all the existing institutions, or for the extension of relief to districts hitherto unprovided for, are very insufficient.

These four statements are highly important, and demand the most serious attention of those who administer hospital relief and of the public at large. Mr. FORSTER said it was quite clear that some hospitals were getting into a very unpleasant pecuniary position, and that the distribution of hospitals was, to say the least, very inconvenient. To these two propositions assent cannot be denied. Mr. FORSTER did not rise superior to the temptation to repeat the hackneyed statistics as to the number of persons relieved in London institutions—the old million. We regret that he did so. It is time this statement was falling into disuetude. It has no proof. At present there are no clearly-ascertained facts by which it can be demonstrated to be true, and there are some well-known facts in connexion with hospitals and dispensaries which show it to be almost certainly false and exaggerated. The chief of these is that letters are counted as persons, whereas one person may have, and very commonly has, three or four letters for one institution, and, if still uncured, goes to another institution, where he may have three or four letters. In this way he counts as six or eight individuals, and this fact alone, which cannot be questioned, would reduce the million persons relieved at hospitals and dispensaries by some hundreds of thousands. Another fact certainly is, that two or three hospitals have had investigations into the amount of hospital abuse, and have not found it so great as at the outset they expected to find it. We do not mean to say a word in discouragement of kind and judicious measures for increasing the usefulness and diminishing the abuse of hospitals; but we do want to see imported into this question a little more severe accuracy of statement, and less of parrot-like repetition of exaggerated statements.

The Hospital Sunday Fund has taken the first step to arrive at some definite information by moving for returns as to the number of distinct persons relieved at each institution. It is desirable that its inquiries should be so framed as to ascertain also, as far as possible, the extent to which the persons applying in each institution have in that year been relieved in other institutions.

We are only at the very threshold of enormous questions in statistics, in social economy, in medical economy—a new science,—and, we must add, in humanity, in moving in this matter. The Home Secretary did not do more than urge the distinguished gentlemen who waited on him to use their own great influence in investigating these questions. He did not promise a Royal Commission. It is not a little curious to see the friends of charity organisation and of independence going to the State and asking its help in this matter. The State is in little humour to interfere, and we are not clear that it could do much good by a Royal Commission. The inquiries to be made, in the first instance, are too delicate, and must be too prolonged, for a Royal Commission to deal with. Any reform in the administration of such institutions as Guy's or St. Bartholomew's might, as Mr. CROSS seemed to suggest, be procured by application to the Charity Commissioners. But other questions are fitter just now for private discussion and inquiry; and we are disposed to think the Home Secretary is right. It is well known that great vigilance and criticism obtain as to the question of hospital and dispensary relief. Sickness is no light factor in the lives of the working classes. It must not be lightly esteemed. It is so laming and disheartening in its incidence, that those who will take the pains to study it in detail will be astonished rather at the non-pauperism of the patients than at their improvidence. At the same time there is great room for improved administration in the interests of the patients, of the public, and last, though not least, of the much-enduring medical staffs, who have been made the beasts of burden of medical charity, but who now reasonably demand some consideration in these great inquiries.

Annotations.

"Ne quid nimis."

PERSONAL VOTING AT THE COLLEGE.

IT is a singular, if not a significant, fact that those Fellows of the Royal College of Surgeons who recently memorialised in such odd terms the Council of the College to make "such an alteration in the bye-laws" as to permit Fellows who are prevented from any cause from attending the meeting, to vote by voting-papers, or by proxy, were ignorant of the powers by which they enjoy the right of voting at the election of members of the Council. The method of voting is determined by *charter*, not by *bye-law*. The 15th section of the Charter, 7th Victoria, expressly declares "that the members of the Council of the College shall hereafter be elected by the Fellows of the said College, including the members of the College as such; and such Fellows, whether members of the Council or not, *shall be allowed to vote in person only, and not by proxy*" (the italics are ours). There can be little doubt that the objects the framers of this section had in view were twofold: first, to secure for the Fellows a close personal interest in the affairs of the College; and, second, to obviate as far as possible those risks and chances of canvassing and collusion which are too prone to attend and stultify elections conducted by means of voting-papers, or, still worse, by proxy. To a large extent these ends have been attained. There is, however, a growing disposition on the part of a section of the provincial Fellows to discover some antagonism between their interests and those of their metropolitan brethren. This, we are convinced, is wholly unwarranted. There ought to be no clashing of interests, and we believe there really is none. We are, however, far from saying that greater facilities should not be afforded to provincial Fellows for recording their votes. The burthen of proving the necessity of a new charter lies, however, with those who ask for it. In any case many months must elapse before any decided steps can be taken. Meanwhile, some good may be done by sober, dispassionate discussion, for and against the proposed change.

THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

THE Local Government Board has recently been strengthening its medical staff in two ways—one permanently, the other temporarily; and both ways present matter for consideration of much interest to the profession. In the first place the Board has appointed another permanent medical inspector, and its choice has fallen upon Dr. Henry Franklin Parsons, the medical officer of health for the combined sanitary district of Goole rural and Selby rural and urban. The choice is in the highest degree satisfactory, for it proves, on the one hand, that the Local Government Board is disposed to recruit its medical staff from the ranks of the medical officers of health, and, on the other hand, that its selection is governed by the merit of the recruits. Dr. Parsons was a student of St. Mary's Hospital, and he is a distinguished graduate of the University of London. He, moreover, obtained the gold medal at the University examination in public health in 1876. In addition to this permanent appointment, the Local Government Board has been making temporary use of the services of other medical officers of health for the purpose of clearing off, as it would seem, certain accumulations of work in its medical department. Although the Board does not forego the complete freedom of its choice in making the appointment of medical subordinates, it is gratifying to find that a preference is given to medical officers of the existing local sanitary staffs, other things fitting.

SURGEON-MAJOR REYNOLDS AND THE UNIVERSITY OF DUBLIN.

WE have read with surprise and regret the report of a speech made by the Rev. Dr. Haughton on the occasion of the honorary degree of LL.D. being conferred by the University of Dublin on Surgeon-Major Reynolds, A.M.D. He is reported to have said: "That while the Victoria Cross has been conferred on Lieutenants Chard and Bromhead and on two private soldiers for their gallant and heroic services on the occasion, Surgeon-Major Reynolds was overlooked, not through any fault of the head of the army, he believed, but through the narrow red-tapeism and cliqueism of the Army Medical Department. Thanks, however, to the action of the Irish College of Physicians and of Trinity College, the Army Medical Department had retraced their steps, and Surgeon-Major Reynolds would now receive the Victoria Cross." Now, had Dr. Haughton made any inquiries on the subject he might have learned that the "Army Medical Department" had no more power than he had to recommend any officer for the Victoria Cross, and that the discredit connected with the omission of Surgeon-Major Reynolds' name rests entirely with Lord Chelmsford. It is, we think, much to be regretted that a gentleman of Dr. Haughton's high character and standing should have brought serious accusation against an officer in the position of the Director-General without first ascertaining that the charge was well founded, and apparently with no other object than to give credit to the Irish College of Physicians and to Trinity College at the expense of the Army Medical Department. It is a pity that the injudicious remarks of the

reverend professor should have tended to mar, even to this slight extent, the graceful act of the university in conferring the honorary degree upon an officer who has so honourably distinguished himself.

ROYALTY AMONG THE SICK AND THE POOR.

ROYALTY is never seen to greater advantage than when laying aside for the moment the rigid reserve enjoined by official dignity, Royal personages condescend to visit the sick and the poor. The Princess of Wales and her children at the Hospital for Sick Children in Great Ormond-street, and the Prince and Princess passing through the grounds of the Islington Workhouse and accepting a bouquet from the pauper inmates of the house and schools, were performing functions of State not less impressive or useful than the most august and imposing of ceremonies. It is by such acts of personal sympathy with the suffering and the distressed the hearts of people have been won to the deepest loyalty; and it is with unfeigned pleasure we recognise the unwearied energy with which the Heir Apparent and his consort are wont to supply the felt need of such patronage which has been created by the sorrow and retirement of the Queen. The good done is not merely sentimental; the effect is to cheer the spirit, and infuse new vigour into the mind of many a depressed, and therefore helpless, sufferer. His brain-action is quickened by the supply of material for and incentive to invigorating and healthy thought, and the influence thus exerted acts beneficially before and long after the visit, perhaps carrying the nervous system over a dead-point in its life, or reviving an intellect which might otherwise have sunk, under the weight of misfortune, into apathy and hebetude.

BROWN-SÉQUARD ON CEREBRAL LOCALISATION.

M. BROWN-SÉQUARD has communicated to the Société de Biologie of Paris a series of facts in support of his views regarding cerebral localisation and of his objections to current theories, and an abstract of his communication has been published in the *Gazette Médicale*. He divided, in a rabbit, the left lateral half of the pons, with the effect of causing complete anæsthesia of the left paw. Dividing then the posterior columns of the cord at the level of the tenth dorsal vertebra—a section which is usually followed by hyperæsthesia of the posterior extremities,—he found that the anæsthesia persisted on the left side, hyperæsthesia being present on the right. He then completed the hemisection of the cord by dividing the rest of the left half; on this side the anæsthesia gave place to hyperæsthesia, while the insensibility was transferred to the other. Hence M. Brown-Séquard draws the conclusion that in lesions of the brain the anæsthesia does not depend on the damage to the conducting fibres, but on an influence exerted at a distance upon the spinal cord.

In another series of experiments he divided the right corpus striatum, and in most cases the result was a paralysis of both left limbs. Having then divided the pons upon the same side, the left-sided paralysis disappeared, and a paralysis of the right side came on. Thus the crossed paralysis was replaced by a direct paralysis. Hence he concludes from these facts that identical results can be obtained experimentally for both motion and sensation, and that it is possible, by suitable sections, to transfer the paralysis from one side to the other.

In a third series of experiments M. Brown-Séquard found that if, in a dog, for example, the excito-motor zone of the brain be exposed, galvanisation of this region will readily excite movements in the opposite limbs. If then the corresponding half of the pons be divided, the movements caused by galvanisation, instead of being lessened, are rather increased, unless the animal is in a state of syncope. Hemisections of the crus and of the motor regions of the medulla have given similar results with a few exceptions. In an animal in which the right motor half of the pons had been imperfectly divided, the left half of the medulla was afterwards divided. There remained then, as means of communication between the two tracts, only a small portion of the anterior longitudinal fibres of the right side. But in this case galvanisation of the motor centres on the right side and on the left produced exactly the same movements in the limbs on the opposite side to the centres galvanised. This experiment, repeated a certain number of times, has always given the same results.

M. Brown-Séquard has promised to furnish soon the complementary proof from experimental lesions of the motor centres. At present he believes himself authorised to declare that a somewhat profound lesion of these centres determines, not a true paralysis, but motor disorders with an alteration of the muscular sense ("pseudo-paralysis"). The complete removal of the motor centre produces the same effect. On the other hand, if this motor centre is removed by an incision beyond its limits, so as not to irritate or injure it, slight functional disorders may be observed during the first few minutes, but even the "pseudo-paralysis" ultimately disappears. These experiments are, we need not say, of the highest importance, and no doubt will receive the attention they certainly deserve.

THE HEALTH OF THE EMPRESS EUGÉNIE.

THE latest news from Chislehurst is distressing, though not worse than must have been anticipated by those who are accustomed to observe the terrible effect of grief so great and paralysing as that which has fallen on the Empress Eugénie. The fatal intelligence of the death of the Prince Imperial reached her in all the might of its crushing power, despite the kindly precautions of those by whom her Majesty was surrounded. The instinct of motherly affection penetrated all reserve, and took home to the heart the bitterest and keenest impression of sorrow and bereavement. It is vain to try to describe such agony as the Empress—not less than any other loving mother so placed—must have experienced. At first the effect was to depress and even threaten to extinguish the vital powers. Perhaps the well-intentioned efforts to rouse her Majesty from the state of collapse into which she was thrown may have been too energetic or too prolonged. Be that as it may, the condition reported as we go to press is precisely that which would be likely to supervene under the circumstances detailed. There is failure of strength and nervous exhaustion. It remains to hope that the mental and physical crisis may be speedily passed, and the recovery—such as at best it can be—established.

PRIMARY EXAMINATIONS AT THE COLLEGE OF SURGEONS.

IN addition to the separation of the primary examinations into anatomical and physiological divisions, with special examiners and examinations in the two subjects, further alterations were determined on at the last meeting of the Council. At the Primary Fellowship, candidates will now have to make dissections, and we congratulate the College authorities on their decision in this respect. Every Fellow of the College at least should be able to dissect well; and as the number of candidates is less than at the University of London or at the Queen's University in Ireland, at both of which places the making of dissections forms an essential part of the examination in anatomy, there should be but little difficulty in doing this also at the Primary Fellowship. The immense number of candidates absolutely precludes the adoption of a similar plan at the examination for the

Membership, but we hope that the examiners will in future examine on the dissected subject more freely than they now do. Candidates complain, and frequently with justice, that they have been examined only on what are really museum preparations rather than ordinary dissections, and the evil of such a system is soon felt by the teachers of anatomy, who find their students spending their time in the museums studying the preparations, rather than in the dissecting-room making the dissections for themselves.

The intimation that only an *elementary* acquaintance with comparative anatomy and physiology may be required seems to us most unfortunate. Apart from the difficulty that different examiners will estimate very variously what is an elementary knowledge of these subjects, it is surely an anomaly that every candidate for the fellowship should be compelled to bring a certificate of having attended a course of lectures in comparative anatomy, and then not be required to show his proficiency therein. This subject will be practically eliminated from the College examinations, and such a course is the last one that we should have expected in a body who are the guardians of the best museum of comparative anatomy in the world, and under whose auspices some of the best lectures on the subject have been delivered by the greatest comparative anatomists of the age. A greater discouragement to the study of this science could scarcely be imagined than is contained in this decision of the Council.

LEGALISED POISONING.

SINCE we drew attention some few weeks ago to the extension of the use of opium among the working classes we have received many communications on the subject, all tending to show how necessary it is for the State to impose stringent restrictions on the trade at present so recklessly carried on in sedatives of all kinds. A practical commentary on this point was furnished last week in a case of distressing suicide, by means of laudanum, of a gentleman at Bath. It is not our province to enter into all the sad details of the case, but there are two circumstances connected with it worthy of public attention. Firstly, the facility with which the unfortunate gentleman was able to procure the fatal dose; and, secondly, the statement of the father that the deceased "in taking laudanum had only followed the example of the farmers with whom he was associating, and was as anxious to take as much as any man could take." The chemist who supplied the laudanum is not to blame. For a year and a half previously he had supplied deceased with laudanum, which was ordered by a medical man. On the day the poison was taken the deceased called at the chemist's shop, and stated that he had been over to Bradford and had left his bottle there, and consequently wanted a further supply. He also said he was suffering from toothache, and required laudanum for external application. Two ounces were then served him. As the law at present stands, it certainly was not the chemist's business to institute inquiries into the patient's condition at the time, and the fact that laudanum had been supplied on previous occasions, under a medical man's prescription, serves still further to exonerate him. The fault lies with the State, which ought certainly to require that no sedative should be supplied in poisonous doses unless under the immediate order of a medical man; indeed, we would go further, and insist that ordinary doses should not be dispensed except the prescription be signed by the medical attendant the same day as that on which it is presented. In 1877 no less than sixty-three deaths from poisoning by laudanum were registered in England and Wales, but these represent only a small portion of the mortality from this deadly drug, and have reference only to cases of suicide, misadventure, or murder. At the present moment there are thousands of lives in England hastening to ruin and decay under the habitual use of opium in some form or other, to say nothing of the number of children who die annually from the effect of soothing syrups, and whose deaths are attributed to convulsions, teething, and marasmus. The statement made by the father that the deceased was only following the habit of the farmers in the neighbourhood in the practice of laudanum drinking, supplies further evidence of the extension of the habit among different classes of the community. In the presence of so grave an evil, the State ought at once to take measures to check its extension, and provide such restrictions on the sale of sedative medicines as effectually to prevent those who have already accustomed themselves to their habitual use from obtaining further supplies.

THE ORDER OF ST. KATHERINE.

WE regret that the more we consider the regulations pertaining to this new order the less we like them; they show unmistakable signs of having been drawn up with haste, and by those possessed of little practical knowledge of the class to whom the order is to be granted. One of our lay contemporaries has pointed out that ladies who devote their time and talents to nursing are virtually precluded from accepting the honour, as they would, of course, refuse to take an annuity to the detriment of those who really need it. And yet it would appear only fitting that when a distinction is to be given to encourage nursing those who do most to raise it to its proper level, and those who undertake the work purely for the love of it, and not as a source of livelihood, should be, at least, as eligible for it as their fellows who enter our hospitals primarily for the sake of earning their living. If we believed in "luck" we should think that some ill-fate attended the endowments of St. Katherine's Hospital. In recent times at least three Royal Commissions have tried to find some use to which to put it, and still the problem is not solved. The suggestion to employ some of the accumulated funds to encourage nursing was, no doubt, welcomed as a happy suggestion by those responsible for its management, but this ought not to have led them to act upon it without due care and thought. We heard that there were to be ten St. Katherine's nurses; at present, we believe, only six have been installed, but as all the proceedings connected with this order have been carried on so much in the dark, we may be wrong in our surmise. If we are not, we hope that Her Majesty's advisers will see what a mistake they have made, and not make any further appointments until they have so framed their regulations as to make the distinction, what we are sure Her Majesty intended it to be, an honest reward for good work done, and an encouragement to women of all classes to fit themselves for the responsible duties of nursing.

THE WAR IN AFGHANISTAN.

OUR correspondent from Afghanistan writes:—"A most painful feeling has been excited amongst the medical officers of the army at Gundumuck, Afghanistan, by the exclusion of the principal medical officer of the troops there from the ceremony at the reception of the Ameer of Cabul. This officer, the chief of an important department, the senior officer of twenty-five medical officers with the division, and the representative, *ex officio*, of the Army Medical Department, was excluded from any place in the procession, and, further, was not invited to attend the *durbar* or levée held by Lieutenant-General Sir Samuel Brown in honour of the Ameer. Every medical officer in the field feels this as a marked slight, and it paralyses all *esprit de corps* and all energy if such things occur. In the old regimental days it was of little importance fighting against these neglects, but if the Army Medical Department

is to exist alone, or to stand at all as a unit of the army, these things should not be allowed to occur. Definite orders should be issued, giving the principal medical officer of an army his place in every ceremony or parade as a representative of the medical corps. We would ask the marked attention of the War Secretary to these petty slights, which if allowed to go on, will render it still more difficult to induce medical men to serve in the army."

THE FEEBLE IN MIND.

THE Normansfield Training College for the "feeble in mind" was opened formally on Saturday last by the Earl of Devon. This so-called College, now, it is presumed, complete, was commenced some ten years ago by Dr. Langdon Down, in fulfilment, as he said in his inaugural address, of "a dream dreamt many years ago, and also to meet the wants of a class" other than the poor. The establishment has gradually increased to its present large proportions, and the opening ceremony took place in a very handsome hall, that has probably very few, if any, rivals, both in respect of ornamentation and future opportunities of usefulness. It is sufficient to say that all the domestic and other arrangements are very complete, and are admirably fitted to promote the comfort and welfare of the classes for whom they are intended. It is not necessary to quote from Dr. Down's address, which was very feelingly delivered, or from Lord Devon's equally able speech. More than 200 guests partook of a sumptuous repast called luncheon, and among the speakers and others present were the President of the College of Physicians, Mr. Grant Duff, M.P., the City Solicitor, Sir Frederick Halliday, Dr. Carpenter, General Cavanagh, Mr. Spencer Wells, the Rev. J. R. Sampson, the Master of the Apothecaries' Company, Dr. Braxton Hicks, and many men distinguished in science, theology, and medicine. Dr. Carpenter and Mr. Grant Duff spoke most eloquently, and Dr. Crichton Browne most facetiously, to the several toasts with which they were charged; and Dr. Down must have had a peculiar satisfaction in seeing around him so large an amount of good brain-tissue. We wish him all possible success in trying to convert the comparatively barren cerebral material entrusted to him into something of the same sort.

HOSPITAL LIBRARIES.

WE quite agree that a great boon will be conferred on the sick poor in hospitals if these institutions can be supplied with books, especially illustrated and entertaining volumes which may help to divert the slowly convalescent and those suffering from injuries and diseases which incapacitate the body without impairing the power of thought, from their pains and grievances. At the same time, we cannot but perceive that caution will be necessary. A *circulating* library would be in great peril of becoming a vehicle for the dissemination of disease. Especially dangerous would it be to allow books and papers which have been lying on the bed of a patient recovering from fever, erysipelas, or any one of a score of common maladies, to be used by a patient perhaps convalescent from some delicate operation, with an easily infected wound. It would be even incurring a great risk to allow children to play with picture-books which had been handled by patients suffering from scarlet fever, measles, whooping-cough, and the like. In short, the idea of a *circulating* library for the sick is misconceived. Far better would it be to provide the hospitals with a liberal supply of loosely-stitched sheets, which might be readily procured from the damaged stock of the great publishing houses, so that after these aids to recovery had served their immediate purpose, they might be destroyed. We venture to hope philanthropy may take this line of enterprise, and not one calculated to constitute a new agency for the spread of disease.

EFFECTS OF STIMULATING CERTAIN PARTS OF THE ENCEPHALON.

IN a paper read before the Société de Biologie M. Bochefontaine describes the results he obtained on stimulating the corpus striatum and the optic thalamus of one side, and also of applying a stimulus to the white fasciculus which is connected with the motor and sensory region of the sigmoid gyrus. He has satisfied himself that the region of the white substance which is excitable, and stimulation of which induces pain and movements in the limbs of the opposite side, is not more than from 3 to 4 mm. in thickness. When the wire introduced into the cerebral hemisphere has not reached this region, no results follow, but when it has reached it, and whilst it traverses it, the above-mentioned symptoms immediately occur; when it has traversed it, neither pains nor crossed movements occur. The fasciculus of white substance in question is evidently formed of fibres which bring the excito-motor and sensory region of the sigmoid convolution into connexion with the basilar parts of the encephalon. Now, according to Vulpian, the whole of the investing grey matter of the cerebrum is a trophic centre for the fasciculus of white excito-motor substance which passes to the sigmoid gyrus, and it is easy to conceive that the destruction of the gyrus abolishes the communication of the white fasciculus with the trophic centre. The white fasciculus then loses its physiological properties like every other nerve-fibre placed in similar conditions, and after a time, in conformity with Waller's law, degenerates. In this way we get the descending degeneration of the white cerebral substance of M. Charcot, and this may extend to the pyramids, as has been often experimentally shown by Vulpian.

SMALL-POX IN KENSINGTON.

DR. ORME DUDFIELD, medical officer of health for Kensington, appeared recently in support of a summons issued against a milkman, of Notting-hill, for allowing his wife to assist him in his business when she was suffering from small-pox. There were, it appears, four other cases of small-pox in the house at the same time, which were all removed by the sanitary authority to the hospital.

Another man was summoned for exposing himself in the street when suffering from the disease. He pleaded guilty, but pleaded also ignorance of the law, and, forgetting the instructions of the medical man who attended him, hired a cab and drove to the workhouse. The cab cannot, it appears, be found, and so is plying for fares at the present time in a "disinfected" state. Cannot some means be adopted, not only to increase the number of ambulances in each district, but to make the public more familiar with the places where they are kept? The exact residence and situation of the turncocks, telegraph offices, &c., are pretty well advertised, but we take it that not one householder in fifty in any London district could tell where the ambulance is kept, even if, as is by no means always the case, such a vehicle exist.

THE ZULU WAR.

OUR correspondent, writing from the Lower Tugela last mail, reports the health of the troops composing General Crealock's division as having greatly improved since the termination of the rainy season. At Fort Pearson, on the Zulu side of the Tugela, the sick ratio had fallen to 5·4 per cent.; the cases of dysentery and fever were decreasing both in number and severity. At Durban there were 300 patients in the base hospitals. These he describes as comfortable, well equipped, and plentifully supplied; the cases were for the most part malarious fevers, diarrhœa, dysentery, and rather a large number of venereal. The latter had been

landed from the troopships, the disease having been contracted previously to the men leaving England. These and other slight ailments are treated in tents, so as to afford room for more serious cases in the permanent buildings. The wounded from Ekowe and Ginghilovo were all now at Durban, and mostly doing well. A convalescent depôt has been established at Pine Town, a place fifteen miles distant from Durban, 1000 feet above sea level, and described as a bracing, healthy site open to the sea. It has the further advantage of a railway communication with Durban. One hundred patients will be accommodated here.

Hospitals for officers have been formed at Pietermaritzburgh, Ladysmith, and Durban. On the advance of the troops to Ulundi, Fort Pearson will constitute an important base, and a stationary field hospital, with reserve of medical supplies for 2000 men for two months, will be maintained there.

COMMEMORATION-DAY AT KING'S COLLEGE.

THE annual gathering of the friends and professors of King's College, which took place on Saturday last, was of more than ordinary interest this year, inasmuch as the College has now been in existence exactly fifty years. At the luncheon in the college hall more than two hundred were present, including a large number of the members of the Council. The Principal, Canon Barry, in proposing the toast of the day, "Floreat Collegium," described the present state of the College as eminently satisfactory [both with regard to the number of the students and the discipline that was maintained. The scientific and medical classes were better attended than they had been for many years, and there was every indication of a continuance of their present prosperous condition.

THE NEW ROYAL INFIRMARY, EDINBURGH.

IT is proposed to have in the new Royal Infirmary a ward to be called the "Practitioners' Ward." It is thought by the promoters that not a few of the practitioners in the United Kingdom who have pleasant and grateful recollections of the old infirmary will be glad to have "a brick" in the new one. The idea is at once shrewd and happy. We gladly give it our support, and wish it every success. The circular which reaches us on the subject bears the name of Sir Robert Christison, and this alone has a magical effect on Edinburgh men of all ages and in all parts of the empire.

CYPRUS.

WRITING from the island last week, our correspondent reports that the health of the few troops that now remain in the garrison was very good. The wing of the 20th Regiment, the company of Royal Engineers, and all the married families were moved up into the mountains in May, and are encamped at Platris and Mount Troados, 5000 feet above the sea. Here they will remain under canvas for the summer months, returning to Mathiati for the cold season. The sick ratio was under 4 per cent., the cases of ague were of a mild type, and almost entirely confined to men of the Royal Engineers who had suffered from fever last summer.

THE LASH.

IT is a corollary of the reduction which has been effected in the lawful use of the cat as a persuader to the observance of discipline in the Army that a similar reduction should be made in the maximum number of lashes which may be administered in the Navy. A short Bill is, it is said, to be passed during the present session to carry out this intention. The same arguments are applicable to both services, and having been successful in the one case, can scarcely fail in the other.

THE SELECT COMMITTEE.

TO-DAY (Friday), at 12 o'clock, the examination of Mr. Simon will be continued. It is expected that his evidence will be finished at 2 o'clock, when it is proposed to take the evidence of Dr. Quain. On Tuesday next, Dr. Waters, of Chester, will be examined, which we may trust shows a disposition to hear some outside evidence as to the working of the Council.

MUSEUM OF THE COLLEGE OF SURGEONS.

MANY of our readers will be glad to know that the annual exhibition of preparations, &c., about to be added to the museum are now on view in the theatre of the college, but on Thursday next the institution will be closed to all but Fellows, who will attend to record their votes for members of council.

OBSTETRICAL SOCIETY.

IN order to increase the time for the adjourned discussion on the Use of the Forceps, no specimens will be exhibited at the meeting on July 3rd, but the debate will be recommenced as soon as the minutes &c. have been read.

THE Council of the Royal College of Surgeons in Ireland on the 5th instant appointed a committee to examine into the preparations in human and comparative anatomy sent in by the candidates for the vacant curatorship of the museum, and, in accordance with the report of that committee, elected Mr. P. Abraham, A.M., a distinguished graduate of the University of Dublin, as a successor to the late Dr. Barker. There were five candidates for the appointment, the emoluments of which are £250 per annum.

WE would remind Fellows of the Royal College of Surgeons that the annual dinner will take place at the Albion Tavern, Aldersgate-street, on Monday, July 3rd, 1879, at half-past five o'clock, after the election. Mr. John Gay will occupy the chair, and be supported by a large number of distinguished gentlemen, who have accepted the office of steward. Intimation of intention to be present should be made to Mr. B. Thompson Lowne, at 65, Cambridge-gardens, Notting-hill, W., not later than July 1st.

AT the annual meeting of the Society of Arts, held on Wednesday last, the Council announced in their report that they had awarded a silver medal to Mr. Alfred Haviland for his paper "The Distribution of Disease Geographically Considered," remarking that this paper was noticeable as giving its author an opportunity of bringing before the Society a question in which he is our principal authority. The series of maps projected by Mr. Haviland, and prepared under his directions, to show the topography of disease, are unique, and have rendered a great service to medical science.

AT the annual meeting of the Senate of the University of Dublin, held on Saturday, the 21st instant, a grace was unanimously passed conferring the degree *(honoris causâ)* of Doctor *in utroque jure* upon Surgeon-Major Reynolds, a graduate of the University, for his very valuable services in the Cape Colony. A grace recommending that the degree of Doctor in Medicine *(honoris causâ)* should be conferred on Mr. Joseph Lister, F.R.S., Professor of Surgery in King's College, was also unanimously adopted. Mr. E. H. Bennett, Professor of Surgery in the University of Dublin, in seconding the motion, expressed his entire confidence in the system of Mr. Lister as a correct one, and believed that it was capable of saving many lives that otherwise would be lost.

MEDICAL REFORM.

MEDICAL ACT (1858) AMENDMENT BILL.

THE Committee of the House of Commons reassembled on Friday last, the Right Hon. W. E. Forster in the chair,

Dr. Acland's examination was continued by Mr. Errington.

Dr. ACLAND said—There are some persons who would be in favour of reducing the number of examining boards to either one or three, even if the existing boards could be shown to be quite efficient. They base many of their arguments on the fact that there is in Germany what is called a *Staats examen*, a system by which it is supposed that one proper standard is ensured. I really do not know of any disadvantages that would result from the conjoint examination. I should be one of the last persons in the world to advocate a uniform system of education, but that is quite a different thing from ascertaining whether every person admitted to the profession has a proper knowledge. I do not think that uniformity of examination would lead to uniformity of education, and ultimately crush out all competition. The question of inspecting the education has been considered, but the majority of the Council felt that they had no function in the matter. I am not quite clear that it would be advisable or beneficial to have a central body, to send out directions to all the educating bodies directing them how to carry on their education. In order to make the profession acquainted with new drugs as they are introduced an appendix to the Pharmacopœia is published from time to time. I think the last appendix was issued in 1877. I have never heard any complaints that the Pharmacopœia is not kept up to the standard of the practice of the day. The great result of the visitations is the general upward tendency of the profession. There has been a steady quiet increase in the study of necessary subjects. The Council have never reported any licensing body to the Privy Council. The Council, being earnestly desirous of improving the education of the profession, wished to carry the teachers with them, and not to enter upon legal discussions as to whether certain details should be altered or not. Personally I am convinced that in the long run the Conjoint Board scheme would be the best, and I cannot see the grave objections that are often raised to it. I do not consider that in Scotland the opposition to uniformity is almost universal. The principle has been recognised there from the first, because the Scotch bodies at once agreed to act on the permissive clause. They have no objection to the principle of combination, but only to the extent to which it is to be carried out. Abstractly, of course, Aberdeen should have a representative rather than Durham. The average income of the Council for seven years has been £5979, the average expenditure £5867. There is a large balance belonging to the English Branch Council.

Examined by Dr. CAMERON.

The College of Surgeons of England has an examination in midwifery, and a separate licence. It is optional on the candidate to take that licence. Upon the whole, almost all the recommendations resulting from the visitations have been carried out. The year before last a resolution was passed that there was no necessity to revisit any body because the former recommendations had been attended to. Some bodies have been visited two or three times, and some only once.

Dr. CAMERON.—If a power of ordering instead of recommending were given to the Council do you believe any good would result?

Dr. ACLAND.—I am not clear about that. The Committee will bear in mind that they are not dealing with bodies that are supposed to be either wilfully careless or ignorant. The Medical Council is not to sit in judgment upon such bodies as the universities and the Royal College of Surgeons. I am not at all sure that it would be desirable in any way to exercise compulsory powers over them. They have their character and honour to maintain. I concur in the substantial justice of requiring every registered practitioner to have received a qualification both in medicine and surgery, but the Council has no power to refuse to register a person who has only one qualification. As a matter of fact, surgeons have practised medicine to a great extent. We have no power to say to the College of Surgeons "You shall examine in medicine before one of your licentiates is placed on the Register," but under the conjoint scheme the different bodies agree that no one shall have a qualification until he has been examined in both. A great part of the meetings of the Council has been occupied in endless details with regard to examinations, and until we were diverted by the subject of medical reform the questions of the curricula and processes of study were continually discussed. Most of the resolutions related to matters of that kind. I never heard of a petition signed by 3000 medical practitioners being presented to the Council asking for a consideration of the system of medical education at Oxford.

Dr. CAMERON.—What is the machinery for teaching medicine at Oxford?

Dr. ACLAND.—I think that question was put to the Government by the honourable member for Glasgow last year, and that a suitable answer was given.

Dr. CAMERON.—Have you a regular medical school at Oxford?

Dr. ACLAND.—That again depends on what significance you attach to the words "medical school." Mr. Syme formally proposed at the Medical Council that nothing should be regarded as a medical school which was not attached to a hospital, and was not really a place for a complete education. Many members opposed that definition; and therefore if you ask whether Oxford has or has not a medical school, I must know the sense you attach to the words.

Dr. CAMERON.—What number of professors are attached to the medical faculty?

Dr. ACLAND.—I must know what is meant by "medical faculty." There never has been at Oxford a medical school in the sense in which I should use the word—that is to say, a complete system of education in every part of medicine. About thirty years ago my attention was drawn to that subject, and I thought it extremely desirable that attempts should be made to carry on at Oxford that kind of education in relation to medicine which should be the most useful to the nation, and within the last twenty-five or thirty years the University has spent a large amount of money, and carried on a series of exertions, for laying the groundwork of a complete system of biological and scientific education. The result has been that we are gradually getting a class of really highly educated youths, who, having had the best scientific education, go to the great schools of the metropolis to study the practical branches. The memorial to which you have referred was drawn up under an entire misapprehension, and with a very scanty knowledge of the subject. I think some of the gentlemen who are so anxious to convert Oxford into a great practical school ill understand the desirability of having such a place for scientific culture as we are establishing now. It is my opinion that it would be an extremely unfortunate thing if any action were taken by the Legislature or the Medical Council to force education in connexion with medicine into one uniform system. The courses of education should be as free as possible, the opportunities of study should be as complete as possible in the several departments, and then the country might see that the pass examination was tolerably uniform throughout the whole kingdom. More than thirty years ago we at Oxford, believing that it was for the public interest to have the philosophical department of anatomy carried on there, began to make an anatomical collection on the model of the Hunterian collection in London, and at the present moment no more philosophical anatomical teaching is given in England than at Oxford by Professor Rolleston. There has long been a licensed dissecting-room there. The value of the education given there is to be judged by its effect on the general culture of the profession. There was a larger number of graduates in medicine at Oxford the year before last than at any previous time for two centuries, though the examinations have been greatly increased in severity during the last twenty years.

Dr. CAMERON.—In what way have the Medical Council been occupied on the subject of foreign and colonial degrees?

Dr. ACLAND.—In two ways. First of all, with regard to the construction of Lord Ripon's Bill and the present Lord President's Bill. It had been found to be necessary to inquire into the terms on which persons holding foreign diplomas should be allowed to practise in England; and the

question has lately arisen with regard to M. Roger Marvaise's Bill. A case arose in France which caused a good deal of anxiety, and communications passed between the English and French Governments on the subject. Those communications were referred to the Council, and clauses were inserted in the Bill in reference to them. At present we cannot register foreign degrees at all, and the object of the deliberations of the Medical Council has been to ascertain on what proper terms those degrees shall be admitted to the Register in future.

Examined by Dr. LUSH.

There is such a scientific education given at Oxford that the students can take first-class in future schools. As far back as twenty-five years ago the museum was begun to be built, and the Natural Science School has been in operation nineteen years. Looking at the matter from a national point of view, the University has thought it well to lay the foundation on a great plan of scientific study without competing with any other school. The science school is entirely an honours school. It is not necessary that the students should subsequently enter on the practice of medicine. The Medical Council has often been blamed because it does not undertake prosecutions, but we think it very undesirable that we should be both prosecutors and judge.

Dr. LUSH.—I entirely agree that a very large number of the members of the Council are very distinguished men, but do you think that that fact alone is sufficient to give satisfaction to the members of the profession who are not on the Council?

Dr. ACLAND.—The Opposition is rarely satisfied with its place, because those who are out are not in. (Laughter.)

Dr. LUSH.—That is not exactly what I mean. Those distinguished gentlemen are nominees of universities, of corporations, and of the Crown. Do you think that the constitution of the Medical Council does not require amendment?

Dr. ACLAND.—I think that, under all the circumstances of the case, it will be extremely difficult to reconstitute the Council so as to make its constitution better. It will open a great many questions which many of the writers on the subject are very little aware of.

Dr. LUSH.—Is it not the fact that by their very eminence those gentlemen are removed from a community of interest with the great bulk of the profession, and are really so much above them in their sphere of usefulness that they cannot have much sympathy with the struggling branches of the profession who are general practitioners?

Dr. ACLAND.—I really think it is not so. I take Sir James Paget, for example, and I cannot suppose that any person would be more likely to be of service to a struggling general practitioner. I know that a great deal has been written on the subject of the remodeling of the Council, but I cannot say that I am at all satisfied that the thoughtful members of the profession think that it would be an advantage to have this kind of general representation. I have taken great pains to ascertain, and I only say what I believe. My objection is not to the admission of new members, but to the mode of admitting them by the perpetual recurrence of general elections every two or three years. I consider that a great evil.

Dr. LUSH.—Do you admit as a general principle that it is better there should be a frequent infusion of fresh blood into the Council?

Dr. ACLAND.—General principles in matters of this kind are somewhat dangerous. There is another general principle, that in a body of this kind it is of extreme consequence that there should be persons who are familiar with its working, and it is a serious loss to the Council that many of the old members have been removed. The work is very intricate and complicated. My personal opinion is that the Council exists rather for the discussion of first principles than for practical interference in medical matters.

Dr. LUSH.—The discussion of first principles *plus* the natural bias which every representative corporation has for its constituency?

Dr. ACLAND.—Oh, certainly; because surgeons are the best people to know what are the best qualifications for surgery, and physicians for medicine. If the Council were expected to prosecute all quacks I think there would be a general stampede of the members. It has been suggested that in the case of rejection by one body the names of the students should be sent to all the other bodies, but that does not concern the Medical Council. It would be a question of administrative arrangement between the different licensing bodies. In my answers to Dr. Lyon Playfair about the three months' course of midwifery, I thought he referred to the universities, but the practice in the corporations is different from that of the universities. Some of the Scotch bodies distinctly desire that the time should not be extended from three to six months. The College of Surgeons of Edinburgh is in favour of a three months' course.

Dr. LUSH.—In the report it is said that a three months' course at Edinburgh would be six lectures, while in England it would be twenty-five lectures; did the conjoint scheme contemplate such a difference?

Dr. ACLAND.—The Council will consider that matter, because there will be many more communications. I am not prepared to say that it is a very palpable omission from the conjoint scheme that nothing is said about instruction in insanity. Those who object to increase the number of subjects of study in the student days believe that there are many subjects which should be pursued after the minimum examination has been passed. You cannot cram all the subjects into four years.

Dr. LUSH.—It seems there is an annual receipt of between £7000 and £8000; therefore, if you have been in existence twenty years, that would be £160,000 received, in addition to the registration fees that every member of the profession pays at starting. I assume that the total is £200,000. You are satisfied that the receipt of that £200,000 shows results sufficient to justify us in accepting your opinion that the General Medical Council does not need to be reformed?

Dr. ACLAND.—That is a matter of individual opinion.

Examined by Mr. WHEELHOUSE.

I think if England and Scotland agreed to the conjoint scheme, Ireland would not stand in the way. I have heard it stated that the examining fees in Scotland, at Glasgow especially, are much less than at some other examining bodies, and it has been justified on the ground that the poorer class of students should pay lower fees. I do not think I have a right to assume that improper motives are the sole cause of differences of that kind. I cannot tell whether the change of view with regard to the conjoint scheme, so far as the Scotch bodies are concerned, has been caused by the question of fees. I think the general feeling is that the bodies do not like to lose their independence. I do not consider it desirable that the Council should have the right to lay down regulations saying what course is necessary for particular studies. I am not an advocate of despotic authority, and I would rather that the different schools and nationalities should willingly agree to what they consider best for the profession. I do not think they should be compelled. In Canada originally there was a large number of examining bodies, and the admission to the profession was practically nominal, and it was found absolutely necessary to have a sort of conjoint scheme. I know that the question of direct representation of the profession has been largely agitated, but I really have no strong conviction as to what the wish of the profession generally is with regard to it.

Mr. WHEELHOUSE.—As I understand, the gentlemen who are now sent to the Council, with the exception of the Crown nominees, are the representatives for good or for evil directly of the corporations?

Dr. ACLAND.—I consider they are not sent as representatives of the corporations, but are selected by the corporations. They are not sent to push the interests of their own bodies on all occasions, but to act as a national Council. No doubt it is almost a necessity that where gentlemen are sent each by a separate corporation, the interests of that corporation will not be lost sight of. When the Council first met, twenty years ago, the profession was composed of disjointed elements. England, Scotland, and Ireland were no doubt in antagonism, and differences existed between the different nationalities; but all that is dying out, and the Council is gradually becoming a national body. The idea of pushing special interests is disappearing altogether.

Mr. WHEELHOUSE.—Would it not be more equitable to combine the smaller universities, such as Durham, under one representative, and give more representatives to the large universities?

Dr. ACLAND.—Questions of that kind belong to general social and political considerations. It would only shift our difficulties if such a scheme were attempted. For the last ten or fifteen years there has been a steady increase so far as registration is concerned.

Mr. WHEELHOUSE.—I am very anxious to find out whether there are any bodies which register their students in October, but do not require them to come up until they are what is called March hares.

Dr. ACLAND.—I know that has been stated. We have received a communication on the subject, and are in fact at the present moment in correspondence about it. The correspondence alleges that there are such gentlemen as March hares. On the receipt of replies from the bodies referred to in the allegations the Council will take the matter into consideration. The correspondence was initiated on May 23rd.

Mr. WHEELHOUSE.—Have you ever heard that one of the motives which induces the Scotch corporations to stand out against the conjoint scheme is that it would be ruinous to them?

Dr. ACLAND.—I hear a great many motives. Though it may appear strange, I really do not know the fee charged at Oxford for the degree of M.D.

Examined by Mr. PLUNKET.

I have no official knowledge that Irish opinion is about balanced with regard to the conjoint scheme, but my general impression is that if the English scheme goes on no difficulty will arise in Ireland. If the Committee think it a desirable thing, I do not think there will be any opposition in Ireland.

Mr. PLUNKET.—Don't you think the greater activity on the part of the Medical Council in enforcing uniformity with regard to examinations and education would get rid of the evil of the differences of standard among the separate bodies?

Dr. ACLAND.—If you impose detailed duties of that kind, the Council, in order to do its work conscientiously and rightly, would have to sit to an impossible extent. A Council meeting only at long intervals could not enter into all matters of detail and enforce them, but they do make regulations in great detail. The principle I am advocating is "slow and sure."

Mr. PLUNKET.—If a student desires to obtain a certain degree or licence for a medical authority, he will have to pay at a different rate to grinders according to the place at which he proposes to offer himself as a candidate.

Dr. ACLAND.—Yes; that is one of the things one hears, but I do not know it from my own personal knowledge.

Mr. PLUNKET.—In 1874 Dr. Risdon Bennett and Dr. Bristowe, who had visited the Queen's University, Ireland, reported that students who failed at that examination sometimes went to Scotland and got their degrees almost immediately; now, would it not be very well if the Medical Council had authority to deal with such cases as that?

Dr. ACLAND.—Oh, certainly.

Examined by Mr. MITCHELL HENRY.

I do not think a conjoint scheme can be arranged unless Parliament interferes with something like compulsion. The object of producing something like uniformity of examinations in the different parts of the kingdom has been steadily kept in view by the Council, but it has not yet succeeded in obtaining a minimum pass examination. It has no power to compel the different bodies to unite.

Examined by Mr. Serjeant SIMON.

The object of publishing the Register is to let the public know who have had a proper education. The public are at liberty to employ wrongly-constituted persons if they think fit. The only persons to whom the penal clauses would apply would be those who assume a title which does not belong to them.

Mr. Serjeant SIMON.—Have you found the provisions of the Act of 1858 efficacious in putting an end to the assumption of titles or the practice of quacks?

Dr. ACLAND.—We have nothing to do with that, but I understand the penal provisions have not been efficacious in putting it down, and I do not think any number of penal provisions would do so.

Mr. Serjeant SIMON.—I should rather think that gentlemen in your position would regard the assumption or such titles with contempt.

Dr. ACLAND.—It is not a title which by law should be discredited. But that is not a medical question, it is rather a question of public morality and public law. I dare say that herbalists are sometimes employed by people in our own station of life.

Mr. Serjeant SIMON.—Would you punish a chemist for selling patent medicines?

Dr. ACLAND.—That is a kind of police question. As physicians we object entirely to secret remedies.

The Committee then adjourned till Monday at 12 o'clock.

The Committee reassembled on Monday, June 23rd, the Right Hon. W. E. Forster in the chair.

Mr. SIMON, *examined by the Chairman.*

I ceased to be the medical officer of the Privy Council three years ago. I had held that office and the office of medical officer to the Health Department, which preceded it, from the year 1855. I was well acquainted with the proceedings in regard to the Act of 1858. As finally passed that Act was not exactly what I and those who agreed with me wished it to be. It was mutilated in a very essential part. The Bill as introduced gave powers of control to the General Medical Council, powers to define the conditions of qualifications, and to compel combination of bodies. The effect of the clause, if it had become law, would have been that the Council, instead of as at present merely being able to represent to the Privy Council any case in which they thought the examination was not sufficient, could have determined what the examination should be. There was a change of Government at the time. Mr. Cooper introduced the Bill as a private member; it was adopted by Mr. Walpole, and changes were made under Mr. Walpole's auspices. The clause which I have referred to was never discussed in the House, and therefore I cannot say what was the reason why it was given up. The original scope of the Bill embraced these two intentions, that the qualifications should be of universal range in the United Kingdom, and that a sufficient minimum should be secured. The first object was attained, the second was not. In the year 1867-8 Dr. Parkes drew the attention of the Medical Council to the fact that men who went up to the Army and Navy Boards for examination showed themselves ignorant of matters in which they had previously obtained licences. After the Crimean War special examinations were established for medical men entering the army and navy. Those examinations of course extended further than the examinations for the civil service—that is to say, they dealt to some extent with what might be special claims on men in the service, but they went over ground common to all, and the report was that men who had passed examinations for the civil service were found in those matters grossly ignorant. At that time the Council were inspecting the examining boards, and making recommendations from time to time. Afterwards they took action in this particular matter. On June 26th, 1868, they appointed an educational committee, consisting of Mr. Syme, Dr. Andrew Wood, Mr. Cæsar Hawkins, Dr. Acland, Dr. Allen Thomson, Dr. Aquilla Smith, Mr. Hargreave, Dr. Apjohn, Dr. Sharpey, Dr. Christison, and Dr. Parkes. It unfortunately happened that Mr. Syme's term of office expired, and he was not reappointed. Dr. Andrew Wood was the chairman. That committee made a very important report, in which they said "The time has now arrived when, leaving to the universities and corporations full power to deal as they please with their honorary distinctions and degrees, the Medical Council should endeavour to effect such combinations of the licensing bodies as may form a conjoint examining board for each division of the kingdom, before which every person who desires a licence to practise should appear. ..... We feel assured that the examinations will never be made satisfactory without it, and that, therefore, it is for the public good to enforce it without delay." That report was presented to the Council in July, 1869, and was signed by Dr. Andrew Wood. That had great weight with the Government. The Medical Council had asked the Lord President to make some minor improvements in the law. Having that letter before him, the Lord President (Lord Ripon) directed a letter to be written to them, saying that he should be reluctant to propose a measure for amending the Medical Act unless he could be sure that what he was proposing to Parliament would cover all the ground in which amendment of the Medical Act was wanted, and he asked for full explanations and information on the subject. One subject his lordship especially wished to bring under their consideration—namely, the fact that minimum qualifications in surgery permitted a person to practise without a qualification in medicine. The Medical Council laid before the Lord President the report to which I have just alluded, and the following February the Lord President wrote a letter proposing legislation. A considerable number

of the metropolitan lecturers formed a voluntary association in 1868 to consider the desirability of having an amended curriculum for the students. They referred the matter to their Council, and the Council in a report complained of the incoherence and multiplicity of the regulations. Most of the metropolitan schools were represented in the Council. A special meeting of the General Medical Council was summoned at the beginning of 1870, and the principle of conjoint boards was carried by a majority of 17 to 5. Four members did not vote—namely, Dr. Alexander Wood, Dr. Macrobin, Dr. Aquilla Smith, and Dr. Rumsey. Three Scotch members voted for it besides Dr. Sharpey, who, though not a Scotch representative, was a Scotch member. One Irish member voted against it—Sir D. Corrigan. Mr. Hargrave, Dr. Leet, Dr. Apjohn, and Dr. Stokes voted for it, and Dr. Aquilla Smith abstained. Dr. Christison was absent through illness.

The CHAIRMAN.—The Bill of 1870 passed through the House of Lords; then it came under my charge, but, owing to the lateness of the session, I was obliged to drop it. I should like to know whether you think I am right in saying that I was obliged to drop it, not because there was opposition to the conjoint board, but because the fresh question of direct representation was introduced, and it would have been impossible, at that period of the session, to deal with the question.

Mr. SIMON.—Yes, most decidedly that was the state of the case. That was my impression why the Bill was dropped. There was at the last moment a little dissatisfaction on the part of the corporations that some concessions had been made to the universities, but it would not have endangered the passing of the Bill if it had been brought forward earlier. When the Bill of 1878 was first brought forward it did not contain a compulsory enactment of conjoint boards, it was merely permissive. I do not think that that implies that there had been any change of opinion on the part of the medical profession. There was a change of government. The present government were new to the subject. The minority against the three conjoint boards is very much larger than it was just before 1870. Dr. Andrew Wood has taken a very decided part against the scheme that he formerly favoured. I think to some extent the Scotch representatives have forgotten the strength of the case against the present system, and also that in 1870 they had as their leader Dr. Christison. He was satisfied that on the whole the scheme was right, and I have no doubt his influence operated considerably on his colleagues. I have no reason at all to suppose that the examination on which the Edinburgh University gives its degree is higher than the generality of examinations in Scotland. If other examinations are lower than that, they ought to be raised to it. By the Bill the different authorities will be at liberty to form a scheme suited in detail to their particular plans and arrangements so long as the main object is attained. At present I believe that the Irish authorities generally concur in what has been proposed. Under Lord Ripon's Bill a person who had passed the conjoint examination and been registered might attach himself to any university or corporation and qualify himself for a higher distinction. The present Bill, instead of leaving the attachment to corporations a voluntary matter, requires that every man shall at least offer himself to a corporation, though the corporation has the option of declining him. In substance I approve of the alteration, although I should have thought it better to have arranged it in the scheme than in the Act of Parliament, because being in the Act it involves several very awkward consequences. By the Act of 1858 provision was made for registering foreign and colonial practioners then practising in this country; but now we can only admit them to the Register after examination. The present Bill contains provisions for recognising those qualifications and having corresponding sections in the Register. The question of direct representation was mooted before 1858. There has been a very strong expression of opinion on the part of the profession in favour of a direct representation. I can hardly conceive but that the addition or substitution of direct representatives on the Council would affect the Council disadvantageouly. The choice of persons to perform the duties of the Medical Council requires deliberation, and I cannot conceive that that deliberation would be given in the case of universal suffrage. I think that the members chosen by direct representation might very probably be of inferior quality to those chosen under the present system.

The CHAIRMAN.—But is not direct representation asked for in order that the Council might undertake other functions besides that of superintending education—that it should, in fact, look after the general interests of the profession?

Mr. SIMON.—I think the demand for a more popular system of representation requires to be considered under two or three different heads. There is a real grievance to be redressed in respect of some institutions which send representatives to the Council. They are not so constructed as to satisfy the general views of the educated portion of the profession. The remedy for that is, not direct representation on the Medical Council, which I think will be an incredibly inconvenient and very costly process; but putting the particular institutions right where they are at fault. Another point, as it seems to me, is that there is a great deal of error prevalent as to what are the functions of the Medical Council. They have been found fault with for omitting to do what it is not their business to do. For instance, I have a letter here in one of the journals from a medical reformer, who complained that the Council devoted itself to discussions on medical education, and all but ignored general practitioners, for whose benefit the Act was specially framed. That was of course a silly letter, but even men of a very different calibre from the writer of that letter—men who had taken an influential part in the British Medical Association—had advanced as a reason for direct representation that in that way the knowledge of the Council would be increased with respect to the needs of the public and the profession with regard to sanitary measures, medical jurisprudence, and poor-law relief. Surely a Medical Educational Council has nothing whatever to do with those subjects; and I cannot conceive that justice could be done to them by any Council which was not prepared to give its whole time to them. The interests of the profession can be looked after by voluntary combinations. I do not think Parliament should establish a special body to champion practitioners. It would be as if you tried to graft the work of a workman's club on to a school board, or made a trade's union for the medical profession. If you are to have first-class men they cannot afford to spend very much time on the deliberations of the Council. No doubt at any moment a considerable number of petitions in favour of direct representation could be showered down upon the House of Commons. That, of course, members of Parliament quite understand, but there was a time when there was real enthusiasm and excitement, and the culmination of that was, I believe, in the year 1869, when a memorial was addressed to the Government for a more popular mode of electing the members of the Medical Council. It originated in Birmingham, and was signed by ten thousand persons. What particularly attracted my attention, and what I think deserves the attention of the Committee, is that the enthusiasm rested in a great measure on what I believe to be a delusion. During the two and a half years before 1869 there had been a propaganda raising hopes that a reform of the Medical Council would do great things for the profession, by increasing the fees and promoting the pecuniary interests of the general practitioner in certain of his business relations, and that it would have an influence upon his employers in Poor-law matters, in clubs and charities, &c., and would even interfere in questions of competition between him and his neighbours. I cannot conceive that Parliament would create by statute an organisation for any such purposes. If the British Medical Association attended to those matters of course it might exercise an influence.

The CHAIRMAN.—Supposing it could be proved that the payment of medical officers by boards of guardians generally is less than it ought to be, do you not think that a representation to that effect by a powerful Medical Council would be more likely to have weight with Parliament than the representation of individuals or a voluntary association?

Mr. SIMON.—I do not know what "ought to be" means, unless it is market price. It seems to me that the proper mode of dealing with the subject is by voluntary association, and not by action under statute. If there is underpaid labour in the medical profession, the way to obtain improvement would be by action on public opinion by voluntary associations, and not by a State-constituted body. It is not in the nature of things that the youth of the profession should be represented in such institutions. Even if direct representation were adopted, the men elected would certainly be men of a certain prominence, and therefore probably of a certain age; and I do not think the elec-

tion of six members directly by all the registered practitioners would secure representatives who would be better acquainted with the position and difficulties of those doctors and surgeons who have just passed their examination and are beginning their work. I think the chief disadvantage of the present Council is its size. It spends a great deal of time in discussion which is necessarily more formal than it would be if there were only twelve members instead of twenty-four. If direct representatives were on the Council, I think it is possible and probable that they would make speeches, so that their constituents might read the reports in the papers. If the authorities were consolidated for examination purposes, I do not see why they should not be consolidated for educational purposes, and then the Council might be only half its present size. The Scotch universities deserve to have a great influence in the Medical Council, but I do not think it would be possible to express that by the number of persons who represent them. The Scotch university interest, taken as a whole in proportion to the English and Irish interests, is adequately represented by two members. It must not be thought that Scotland is the only sufferer by the present arrangement. England also has a grievance, and so has Ireland. In 1858 the Legislature saw fit to pass off the Apothecaries' Hall of Ireland as a medical authority. It was a druggists' company. The College of Surgeons of England, which probably gives more diplomas than all the other bodies in England put together, has only one representative. To some extent the power given to the Crown to appoint six members has in some way removed the anomaly. I am not aware that the fact that such an important school as the University of Edinburgh having only half a representative has had a bad effect upon the working of the Council. Except with regard to a certain class of questions, subjects are discussed at the Council very fairly on their merits, and it is not so much a question of counting votes as of weight of argument, and the Edinburgh representative has always been listened to with the greatest respect.

The CHAIRMAN.—If the Scotch universities were represented more fully, would not there be more opposition to the Conjoint Board than now?

Mr. SIMON.—But what would be gained by Scotland would be more than compensated by the College of Surgeons of London being represented according to its size and importance.

Examined by Mr. MITCHELL HENRY.

We have no official reporter, but we are very considerably reported in the medical journals. Speaking as an Englishman, I should say that Scotland and Ireland are quite adequately represented so far as representatives of licensing bodies are concerned. Of the Crown nominees, four are from England, one from Ireland, and one from Scotland, but I prefer not to consider the Crown nominees as local representatives at all. I would leave it to the Crown to nominate six Scotchmen or six Irishmen, if they were the best educational people. The demand for direct representation is principally represented by the British Medical Association. I hesitate to say that the desire for the improvement of medical education is the principal cause of the demand for direct representation, for I find the chairman of the Direct Representation Committee of the British Medical Association writing a letter to a public journal, and describing the Association as seeking to attain direct representation in order to neutralise the existing preponderance of the corporations. It was the action of the British Medical Association that prevented the passing of the Bill in 1870. Although the Bill aimed at forming a conjoint examination, the Association took measures to prevent its passing, and surely after that the Association is not entitled to say that the Medical Council has not done its best to promote medical education. Mr. Forster offered to move for a Select Committee to inquire into their grievance in the next session, but they would not accept the offer, and continued to oppose the Bill.

Mr. MITCHELL HENRY.—Are you of opinion that any insuperable harm would ensue to the Council if representation on the Medical Council were given to the British Medical Association *per se*?

Mr. SIMON. — With great respect for the British Medical Association, which admirably represents the freemasonry and good fellowship of the medical profession, I cannot see why it should send a representative. The profession has to be represented on the Council in its educational relations, and the Association has nothing to do with that, although it is an admirable Association for certain purposes. I presume that one of the reasons for the demand is that some of the corporations which are represented on the Council are in the nature of close corporations, and their electorate consists of but a very small number of their enrolled members. The ground of the objection of the Scotch universities to a conjoint scheme is that it might interfere with the quality of their examinations; but the Royal College of Surgeons of Edinburgh speak of the proposed measure as being one of sweeping fundamental change, the effect of which will be to damage the prestige and probably cripple the resources of the universities and corporations. If the cause of the large influx of students into Scotland is the admirable system of teaching that exists there, that would remain in full force whether there was a conjoint examination or not. In my opinion the conjoint scheme would decidedly raise medical education; and I consider that the objection in Scotland that it would lower the standard is without foundation.

Examined by Sir TREVOR LAWRENCE.

I know of no instance in which it has been necessary to reduce the examinations in consequence of the reports of the visitors. I have heard it said that England would probably not adopt the conjoint scheme if it were only permissive, fearing that candidates would be apt to go to the division of the kingdom where they could obtain easier admission to the profession. There are sixty-one possible titles which a practitioner may have on the Register. If a medical parliament were established to deal with such measures as medical jurisprudence, poor-law relief, and so on, the discussions would be almost interminable. During my attendance at the Medical Council nothing has forced itself more on my attention than the difficulty of getting through deliberating business. I am sure many members of the Council attend the meetings at great personal sacrifice, and if new subjects of discussion were introduced, leading to longer debate, men of the highest eminence would find it impossible to give their services to the Council, and we should have to fall back upon men who occupy a comparatively secondary position. I do not know of any matters in which there can be a conflict between the interest of the eminent men who now compose the Council and the interests of general practitioners.

Examined by Mr. DALRYMPLE.

It is easier to say than to prove that in each of the three kingdoms there are examinations which are much easier than the examinations at other places; but common suspicion has drawn that deduction. I myself distinctly decline to accuse any particular body, but I insist on the tendency of the system. Here are nineteen bodies with the right of giving admission to the profession, many of them getting their livelihood, if I may so express it, out of the fees paid for the qualifications. All our medical schools in England, with the exception of the universities, may be said to be private schools. Bartholomew's, Guy's, St. Thomas's, are entirely private ventures.

Adjourned to Friday.

CHARING-CROSS HOSPITAL.

THE distribution of prizes to the students of Charing-cross Hospital Medical School took place recently in the Board-room of the hospital—the Right Honourable Lord Tenterden in the chair:—

Scholarships.—Llewellyn, £25, Mr. James Turton; Golding, £15, Mr. C. W. G. Burrows; Governor's Clinical Gold Medal, Mr. James Turton; Pereira Prize, £5 and Medal, Mr. J. C. Culling.

Class Medals and Certificates.—Pathology: Silver Medal, Mr. M. Pittard; Certificates, Mr. J. F. Williams and Mr. W. J. Clarke. Midwifery: Silver Medal, Mr. James Turton. Forensic Medicine: Silver Medal, Mr. J. F. Williams; Certificates, Mr. M. Pittard, Mr. J. Smith, and Mr. J. Cotman. Materia Medica: Silver Medal, Mr. C. Rout; Certificate, Mr. C. W. G. Burrows. Practical Chemistry: Silver Medal, Mr. T. E. Rogers; Certificates, Mr. C. R Lyster, Mr. C. W. G. Burrows, Mr. H. R. Mosse. Botany: Silver Medal, Mr. H. R. Mosse; Certificate, Mr. Koettlitz. Senior Medicine: Silver Medal, Mr. J. C. Culling; Certificates, Mr. J. Turton and Mr. C. G. Bunn. Junior Medicine: Bronze Medal, Mr. C. Rout; Certificate, Mr. A. Honman. Senior Surgery: Silver Medal, Mr. James Turton; Certificate, Mr. R. W. Branthwaite. Junior

Surgery: Bronze Medal, Mr. C. W. G. Burrows; Certificate, Mr. J. S. Reynolds. Senior Anatomy: Silver Medal, Mr. E. E. Newnham; Certificates, Mr. C. W. G. Burrows, Mr. H. Harris, Mr. J. F. Williams. Junior Anatomy: Bronze Medal, Mr. W. J. Haddock; Certificates, Mr. S. Wyborn, Mr. H. R. Hancock. Senior Physiology: Silver Medal, Mr. C. W. G. Burrows; Certificates, Mr. John Smith, Mr. J. F. Williams, Mr. T. H. Pounds. Junior Physiology: Bronze Medal, Mr. J. T. Tibbles; Certificate, Mr. George Locke. Chemistry: Silver Medal, Mr. W. B. C. Treasure; Certificates, Mr. J. S. Tibbles and Mr. George Locke. Comparative Anatomy: Certificate, Mr. E. Wooton.

THE MURCHISON MEMORIAL.

(LONDON AND EDINBURGH UNIVERSITIES.)

AT a meeting of the committee of this memorial at the house of Prof. Lister, an executive committee was appointed, consisting of the following gentlemen:—Prof. Lister, Dr. Burdon Sanderson, Sir Joseph Fayrer, Dr. Russell Reynolds, Dr. Quain, Dr. A. P. Stewart, Dr. Bristowe, Dr. Ralfe, Dr. Van der Byl, Mr. Sibley, Dr. Farquharson, Mr. Hyde Hills, Mr. Clutton, Dr. Potter (treasurer), and Drs. Duckworth and Greenfield (hon. secs.)

A meeting of the general body of subscribers will be held at 11, Grafton-street, Piccadilly, on Monday next, the 30th inst., at 5 P.M., to consider certain proposals in connexion with the memorial.

EDINBURGH.

(From our own Correspondent.)

THE number of medical students who have matriculated at the University is, I understand, larger than during any previous summer session. The increase is chiefly in first-year's men. The newly-appointed Professor of Botany, Dr. Dickson, has a class of 450. The lecture-room being quite inadequate to accommodate such a class, Professor Dickson is obliged to give two lectures every day. There is also a great increase in the staff of extra-academical lecturers. The special branches are now well represented.

A handsome building has been erected in Chambers-street, on the site of Minto House. It contains all the appliances of a complete medical school; its dissecting-room, chemical laboratory, and class-rooms are spacious, well lighted, and elegantly finished.

The new infirmary buildings are fast approaching completion. Several of the wards have been already furnished, by the generosity of private individuals and of the various corporate bodies, and it is confidently hoped that before the termination of the year this splendid hospital will be open for the reception of patients.

The readers of THE LANCET will be glad to know that Sir Wyville Thomson is better. He has been advised, however, to relinquish his professional duties for the remainder of the session. The University authorities have fortunately been able to secure Professor Alleyne Nicholson, of St. Andrews, as a substitute.

The Morrisonian Lectures on Insanity are being, this year, delivered by Professor Gairdner, of Glasgow. The subject was treated from a physician's point of view. The lectures have been largely attended, by members of both the legal and medical professions.

PARLIAMENTARY PROCEEDINGS.

HOUSE OF COMMONS.

Thursday, June 19th.

AMBULANCE ARRANGEMENTS IN SOUTH AFRICA.

In answer to Mr. E. Noel, Colonel STANLEY said he had stated on Monday evening that, so far as he was aware, the arrangements for the care of the sick and wounded soldiers now serving in South Africa had been properly attended to. He had stated at the same time that, although he believed every arrangement had been made for their comfort, he had not thought it wise to make that a ground for discouraging the charitable feeling which appeared to prevail among many classes, and which made them anxious to contribute from their private means for the assistance of those who were invalided or sick.

Monday, June 23rd.

POOR LAW MEDICAL RELIEF (SCOTLAND).

In reply to a question from Sir W. Cuninghame, the CHANCELLOR of the EXCHEQUER said it was impossible to place medical poor-law relief in Scotland on the same footing as it was in England without fresh legislation.

Obituary.

JOSEPH LAIDLER, M.R.C.S.E.

AT South Stockton-on-Tees, on the 14th June, this esteemed practitioner died, after a long illness of some months' duration, which began in the first instance as pleuro-pneumonia, no doubt attributable to long-continued laborious professional work.

The deceased was a native of the district, belonging to a family long resident in the neighbourhood. He qualified as M.R.C.S. and L.S.A. in 1860, and soon afterwards settled in practice in South Stockton, where he had a large practice, the town itself increasing very much in size the last few years.

He was one of the founders of the Stockton Hospital, and one of the originators of the local medical society (the South Durham and Cleveland). He was a frequent visitor at most medical gatherings in the north of England; his genial nature and unassuming manners caused him generally to be a favourite among his *confrères*. He was buried on the 18th June amidst very manifest evidences of sorrow in South Stockton. All the places of business were closed, and the road to the cemetery lined with crowds of people clad in mourning. The local official bodies (of many of which he was a member) were also represented.

From his many good qualities it will be long before he is forgotten in South Stockton; in truth, the words of the ancient poet may be applied to him—

"Dignum laude virum musa vetat mori;
Cœlo musa beat."

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the required examination and received the diploma in Dental Surgery at meetings of the Board of Examiners on the 20th, 23rd, and 24th inst.:—

Alexander, Henry James, Margaret-street, W.
Brameld, Clement Neville, Nottingham.
Carranza, Victor Gabriel, Cuba.
Chalcraft, William Henry, Nottingham.
Cook, Stanley, Barnes, Surrey.
Duish, William George, Ryde, Isle of Wight.
Dudley, Edmund Lewis, Portsmouth.
King, Canham, Newcross-road.
M'Call, John Henry, Leicester.
Newton, Frederick Harris, Crawley-road.
Nunn, Samuel William, Old Kent-road.
Pike, James L. F. J., Dumfries.
Small, David Mann, Dundee.
Thorman, Frederick James, Stratford.
Weiss, Willoughby Gaspard, Montague-place.

Two candidates failed to satisfy the Board, and were referred for six months.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on June 19th—

Bateman, Alfred G., The Chestnuts, Cancebury.
Bowlby, Anthony Alfred, Warrington-crescent.
Cemcrica5, Philip de, Bombay.
Kersopp, Thomas, Hexham.
O'Dowd, John, Netherton Dudley.
Tennant, Wm. Drysdale, Kensington.

The following gentleman on the same day passed the Primary Professional Examination:—

Breach, James Henry, King's College Hospital.

QUEEN'S UNIVERSITY IN IRELAND. — At a public meeting of the University held in Dublin Castle on the 23rd inst. the following degrees were conferred by the Vice-Chancellor, Sir Dominic J. Corrigan, Bart.:—

DOCTOR IN MEDICINE. — William James Cowden, Joseph Crowley, Thomas Dorman, Thos. P. Madden, Charles Magill, Robt. Mitchell, Alexander Sharpe, Jacob Thomas Shipsey, John Simpson, William Smyth, Horace R. Townsend, James Wilson, Wm. Maussen Young.

MASTER IN SURGERY.—Joseph Crowley, Thomas Dorman, A. Oswald Geoghegan, Gilbert Kirker, Thos. P. Madden, Charles Magill, John M'Kinlay, Robert Mitchell, Alexander Sharpe, Jacob Thos. Shipsey, John F. Tuohy.

DIPLOMA IN MIDWIFERY. — Joseph Crowley, Gilbert Kirker, Daniel Riordan, John Simpson, William Smyth, Horace R. Townsend, John Wilson.

DR. NEWHAM, of Winslow, has been awarded the extra gratuity for efficient vaccination for the sixth time.

MR. J. J. LOUGH, M.B. T.C.D., medical officer of Ballyjaniesduff dispensary district, has been presented with an address and testimonial on his resignation after eight years' service.

THE will and codicil of Mr. John Simm, of Ovington-square, M.R.C.S. Eng., formerly surgeon on the Hon. East India Company's Madras establishment, has been proved under £40,000.

DR. TERENCE BRODIE, Local Government Board Inspector, was last week presented with an address and two hundred sovereigns, on leaving the Galway district, where he had been located for nearly a quarter of a century.

THE statue erected to the memory of Sir John Gray, in Lower Sackville-street, Dublin, was formally uncovered on Tuesday last, the 24th inst., the Lord Mayor and officers of the corporation attending the ceremonial in state.

THE Committee of the Rugeley District Hospital and Provident Dispensary have decided to close it for two months, in consequence of its unsatisfactory financial position. The expenditure exceeds the income by about £50 a year, and the present deficiency amounts to £137.

LAST week 1316 deaths were registered in London, representing an annual rate of mortality of 19·0 per 1000. Of these 12 were due to small-pox, 104 to measles, 38 to scarlet fever, 10 to diphtheria, 31 to whooping-cough, 8 to different forms of fever, 15 to diarrhœa, 103 to bronchitis, and 72 to pneumonia.

Medical Appointments.

ABBOTT, C. E., L.K.Q.C.P.I., M.R.C.S., has been appointed Medical Referee for the Braintree District of the Essex Provident Society, vice Harrison, whose appointment has expired.

ALFORD, C. E., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the No. 7 District of the Yeovil Union, vice Wills, resigned.

BASTABLE, D. H., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Medical Officer for the Rosliston District of the Burton-on-Trent Union, vice Lowe, resigned.

BLAKE, R. M., L.K.Q.C.P.I. & L.M., L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator for the Ravensdale Dispensary District of the Dundalk Union, co. Louth, vice Ireland, deceased.

CHAPMAN, S., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Costock.

COOMBE, G. A., M.R.C.S.E., L.S.A.L., has been appointed Honorary Medical Officer to the Southport Infirmary, vice Segar, resigned.

DAVIES, J., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the No. 2 District of the Bath Union, vice Fitzgerald, resigned.

DREWITT, F. G. D., M.B., M.R.C.S.E., has been appointed second House-Surgeon to the Hospital for Sick Children, Great Ormond-street, vice Gibbons, whose appointment has expired.

DUDGEON, J. M., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Comrie, Perthshire, vice Leith, deceased.

FARRANT, S., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Taunton Infectious and Contagious Diseases Hospital.

GRAHAM, A., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Parish of Currie, Edinburghshire, vice Bennie, deceased.

HILL, T., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer and Public Vaccinator for the Chipping-Warden District of the Banbury Union.

JACKSON, T. S., M.D., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Walthamstow District of the West Ham Union, vice Yeates.

JULER, H. E., F.R.C.S.E., has been appointed Demonstrator of Anatomy at St. Mary's Hospital Medical School, vice Garbutt, resigned.

LINDSAY, A., M.B., L.R.C.S.Ed., has been appointed Certifying Factory Surgeon for the District of Shap, Westmorland.

MCNICOLL, E. D., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Honorary Medical Officer to the Southport Infirmary, vice Elias, resigned.

NEEDHAM, W., M.R.C.S.E., L.F.P.S.G., has been appointed Certifying Factory Surgeon for the District of Wilmslow, vice Shaw, resigned.

RIGBY, W. B., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Salop Foresters' Medical Aid Association, Shrewsbury, vice Medd, deceased.

ROPER, E., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Shepperton District of the Staines Union, vice Thomas, deceased.

SLAUGHTER, J. E., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Bolsover District of the Chesterfield Union, vice Popplewell, resigned.

STAFFORD, T. E., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the West Deeping District of the Stamford Union, vice Kelly, resigned.

STOCKWELL, F., M.D., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Bruton, vice Heginbotham, deceased.

WEBB, H. L., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Ipstones District of the Cheadle Union, vice Fitzgerald, resigned.

WHITE, E. A., M.D., C.M., L.M., has been appointed Medical Superintendent of the Infirmary for Infectious and Contagious Diseases, Northwood, Thanet.

Births, Marriages, and Deaths.

BIRTHS.

BARROW.—On the 11th inst., at Woolwich, the wife of Henry J. W. Barrow, M.R.C.S.E., Surgeon, Army Medical Department, of a daughter.

DICKINSON.—On the 18th inst., at High-street, Wandsworth, S.W., the wife of W. G. Dickinson, L.R.C.P., of a daughter.

EDWARDES.—On the 24th inst., at Oakley-square, N.W., the wife of W. Whitfield Edwardes, M.R.C.S., L.S.A.L., of a son.

FITZGIBBON.—On the 18th inst., at Lower Fitzwilliam-street, Dublin, the wife of Henry Fitzgibbon, M.D., of a daughter.

LEEDS.—On the 23rd inst., at Castle-hill, Branchley, Kent, the wife of Edward Leeds, M.R., M.A., of a son.

ROBINSON.—On the 20th inst., at Bushfield-avenue, Donnybrook, the wife of Robert H. Robinson, L.K.Q.C.P.I., of a daughter.

ROESITER.—On the 11th inst., at Cairo Lodge, Weston-super-Mare, the wife of George F. Roesiter, M.B. Lond., of a son.

SHEAF.—On the 19th inst., at 1, Hartington-street, Barrow-in-Furness, Lancashire, the wife of C. A. Ernest Sheaf, F.R.C.S., M.R.C.P.Ed., of a son.

MARRIAGES.

CANE—SKELDING.—On the 24th inst., at St. Pancras, Middlesex, by the Rev. Canon Spence, Vicar, assisted by the Rev. J. W. Bromley, of The Wardens, Tonbridge, and the Rev. T. Richards, Rector of Hardwycke (uncle and cousin of the bride), Leonard Cane, M.D., B.S. Lond., of the Minster Precincts, Peterborough, to Alice Mary, second daughter of J. Skelding, Esq., of 16, Euston-square.

HOWIE—HARRIS.—On the 18th inst., at Aberbothrie House, Alyth, by the Rev. Robert Murray, Minister of Alyth, assisted by the Rev. John Wilson, M.A., Minister of Methven, Thomas B. Howie, M.B., of Methven, to Jane Anne, younger daughter of the late David Harris, Esq., of Aberbothrie.

DEATHS.

ATKINSON.—On the 19th inst., at the Queenstown General Hospital, Henry Seymour Atkinson, L.S.A.L., the Resident Medical Officer, aged 27.

BAXTER.—On the 16th inst., at Dundee, Peter M. Baxter, L.R.C.S.Ed.

BOTT.—On the 15th ult., at Skeldon, Berbice, Charles Glen Bott, M.R.C.S.E., aged 40.

CHORLEY.—On the 21st June, at Maghull, Liverpool, Marmaduke Wilmer Watkins Chorley, M.R.C.S.E., aged 33.

COURTNEY.—On the 20th inst., at Walberton, Sussex, Sydney Courtney, F.R.C.S.E., formerly of Leatherhead, aged 74.

FOX.—On the 17th inst., at Broughton, Winchester, Luther Owen Fox, M.D., aged 67.

GOODALL.—On the 15th inst., at Bournemouth, Alexander Goodall, M.D., Staff-Surgeon R.N., aged 39.

GRAY.—On the 13th inst., at Kirkcaldy, Fifeshire, Andrew Gray, L.R.C.S.Ed., aged 60.

HEDLEY.—On the 14th March, at Sale, Gippsland, Australia, George Dixon Hedley, M.D., aged 62.

HEMSTED.—On the 12th inst., at Bath, Henry Hemsted, F.R.C.S.E., late of Speenhamland, Berks, aged 72.

HOOPER.—On the 14th inst., at Staunton, Worcestershire, Thomas Hooper, Surgeon, aged 84.

MOFFATT.—On the 22nd inst., at Kelvingrove-street, Glasgow, Robert Moffatt, M.D., aged 24.

SNOWDON.—On the 16th inst., at Gateshead, John Pringle Snowdon, M.R.C.S.E., aged 38.

TREHARNE.—On the 20th inst., at Bournemouth, John Treharne, M.B., C.M., B.Sc. Ed., aged 32.

WIMBLE.—On the 19th inst., at East Malling, Frederick Wimble, M.R.C.S.E., aged 72.

WOOD.—On the 19th inst., at Shrewsbury, Samuel Wood, F.R.C.S.E., F.S.A., Consulting Surgeon to the Salop Infirmary, aged 67.

WYLIE.—On the 16th inst., at Errol, Perthshire, James Wylie, L.R.C.P.Ed., aged 69.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

Notes, Short Comments, and Answers to Correspondents.

TYPHOID AT WAKEFIELD.

A VERDICT returned at Wakefield by a coroner's jury concerning a death from typhoid fever is worthy of record. It ran as follows:—"That Harry Dobson died of typhoid fever, and that the fever was caused—1st, by the foul drain running at the back of the houses; 2nd, the drinking of impure water contaminated by the said drain; 3rd, the fact that the privies and ashpits had not been emptied for a long time; 4th, the overcrowding of the dwellings. The jury, however, think that there is no censure attaching to the officials of the Corporation, but rather to the people residing in the yard for not reporting the matter to the proper sanitary authorities. The jury hope the Corporation will take the needful steps to remedy the evil cause which has produced the disease, if they have not done so already." Without pausing to criticise in detail this verdict, we must express a doubt as to the advisability of exempting the Corporation from all blame. It is notorious that those who live in the most unwholesome condition are particularly opposed to any form of improvement. It is precisely the duty of a sanitary authority to take the initiative in such matters. In the block of houses where the death occurred there had been no less than nineteen cases of typhoid fever. The condition of the dwellings is but feebly described in the verdict we have quoted, and yet we are told by the *Sheffield Daily Telegraph* that the Corporation declared "they were ignorant of this state of affairs until their attention was called to that locality on the 8th of last month, after fever had been raging in the district for some weeks." In a small town like Wakefield such ignorance is scarcely excusable, and the evils might have been remedied without waiting till fever and death drew public attention to this plague spot.

C. J. S.—The case is really so common and well known to practitioners acquainted with nerve disease that we do not think it desirable to notice the matter further.

Mr. Thomas.—A representation should be made to the Registrar-General.

PHYSIOLOGY OF THE LARYNX.

To the Editor of THE LANCET.

SIR,—I think it is almost a matter of necessity to say a few words against the conception of voice put forward in the article on the "Physiology of the Larynx" in last week's issue of THE LANCET. Mr. Illingworth would evidently make us revert to the exploded ideas of a century or two ago—i. e., to Dodart (Mém. de l'Acad. des Sc., 1700, 1706, and 1707), who compared phonation to whistling with the mouth, and therefore called the lips a "labial glottis"; or to Savart (An. de Chim. et de Phys., 1825), who thought that the vocal and ventricular bands with the ventricles between them made up an instrument similar in acoustic principle to a bird-call. It is now recognised, finally I think, that the laryux is a reed-instrument, which produces sound by rapid division of the current of air, in like manner with the siren. ANY attempt to compare phonation to whistling implies that our voice is a simple sound bereft of overtones, instead of being, like other reed-instruments, a highly composite tone, containing distinctly recognisable upper partials as high as the fifteenth or twentieth in the harmonic series (see Helmholtz, "Sensations of Tone," page 150, *et passim*). With respect to the longitudinal stretching of the vocal cords, I dare say Mr. Illingworth is right; but the experiments of Müller (Physiology, 1837, vol. ii., s. 3) are sufficient to prove that alterations in the pitch of voice, at least in chest-notes, are entirely dependent on varied tension of the vocal cords.

I am, Sir, your obedient servant,
Finsbury-square, June 22rd, 1879. GORDON HOLMES.

BROAD CLOTH IN THE TROPICS.

ONE of our "service" contemporaries again indulges in a mild diatribe against naval costumes in the tropics, and compares the becoming white uniforms of the marines and the military with the blue cloth frock coats in which the naval officers are carefully "lashed up." We have many times directed public attention to the same subject; but it is surprising how much of argument my Lords require before any simple and common-sense reform can be effected in the navy. Surely in such matters prevention is cheaper as well as better than cure.

Dr. William Pratt.—Many thanks. The cases will appear in an early number.

J. H. P., not having yet signed the bye-laws on election to the Fellowship, cannot record his votes; but may, on applying to Mr. B. T. Lowne, the Hon. Sec., assist at the festival. This will take place the same evening at the Albion, under the presidency of Mr. John Gay, a member of the Council of the College.

R. C.—The Cape letter mentions "*Cecil Surgeon* Conolly," giving no initials. This gentleman's brother is probably the one referred to.

Mr. A. T. Norton.—Soon.

TRICHINOSIS IN THE HIPPOPOTAMUS.

M. S. HECKEL recently submitted a note to the French Academy of Sciences on the discovery of *Trichina spiralis* in a hippopotamus. The animal, about two years of age, had been presented to the Zoological Gardens of the city of Marseilles by the Khedive. At the time of its reception in the gardens it was suffering from boils, which presently ulcerated, and in the end killed the animal. During the four months that this hippopotamus had been confined in Marseilles it had been fed on milk in which flour was mingled and fresh vegetables; but nothing is known of the treatment of the animal before it left Egypt. In the course of stripping the flesh off the carcase in order to preserve the skeleton for the Museum of Natural History at Marseilles, M. Heckel accidentally discovered that the muscles of the animal were infested with the cysts of the *Trichina spiralis*. This discovery took place at too late a period of the process of stripping to enable M. Heckel to make an exhaustive examination of the extent of dissemination of the parasite in the body.

Enquirer.—There is a work by Dr. Sieveking on Medical Examinations for Life Assurance, and one by Dr. J. Adams Allen. They can be obtained through any medical bookseller.

Mr. Rowlatt.—We are not acquainted with any work of the description named.

Dr. Wemyss Bogg's paper will appear shortly.

Judæus should consult a practitioner. We do not prescribe.

THE CASE OF THOMAS MILLERCHIP.

To the Editor of THE LANCET.

SIR,—Would you kindly acknowledge the following additional amounts sent since my last:—

Mr. Huddlestone, Ambleside, Westmoreland ..	£3	3	0
Mr. Adams, Bungay	0	10	6
Dr. Norman Kerr, London	1	1	0
P. L. M. O., Bromyard	1	1	0
Mr. Lennox Browne, London	1	1	0
Mr. A. E. Boulton, Horncastle	1	1	0
Mr. P. A. Iver, Uxbridge	1	1	0

Mr. Millerchip was discharged from Warwick Gaol on the 6th inst., nine days before the term of sentence expired, no reason having been given by the authorities for his premature release. The angry growl of an insulted and indignant profession may not have been without effect, even on Mr. Cross. Yours obediently,

23, Dean-street, Soho, June 25th, 1879. JOSEPH ROGERS.

A. did well to be dissatisfied with the sum offered to him. We are not prepared to say that he was entitled to ask two guineas. The general practitioner in a consultation is entitled to a fee, but not necessarily the same fee as that of the consultant. Much depends on the circumstances of the case. One thing is clear, that anything under a guinea is not to be accepted.

M.B., C.M.—Yes, in an early number.

L.R.C.S.I.—It is manifestly wrong to allow papers of a professional character to be reprinted from the pages of a medical journal in the columns of a lay newspaper; but we do not see how the procedure is to be prevented.

Miles.—No legal steps can be taken against the woman. The only legal method of suppressing a brothel is by indictment.

Dr. Sturges.—Yes.

"PIPECLAY AT GIBRALTAR."

To the Editor of THE LANCET.

SIR,—In an annotation in your issue of June 7th, headed "Pipeclay at Gibraltar," after a quotation from the *Army and Navy Gazette*, you say, "Can this possibly be true?" I think it only right to tell you that it is not true. THE LANCET bearing a high character in all respects, I feel interested, as a professional man, in its publishing nothing which is not strictly in accordance with fact. Yours faithfully,

Gibraltar, June 17th, 1879. H. G. G.

A Student.—A good and full dose of common sense is the best remedy. The mind will act through the nervous system, and effect the object in view.

Messrs. Barraud and Jerrard, of 96, Gloucester-place, Portman-square, send us an admirable carte-de-visite of the late Dr. Tilbury FOX. The likeness is excellent and recent.

A. E. W., (Wolverhampton.) — The word is pronounced in English exactly as it is in Greek (oc'senus).

Dr. J. A. Campbell.—The paper will appear shortly.

PERILS OF PAPER COLLARS.

To the Editor of THE LANCET.

SIR,—My attention having been drawn to the neck of a patient of mine, I ordered an analysis of his paper collar, which was found to contain a quantity of arsenic. Trusting some more in the profession will let us know if they had any similar cases,

I remain, Sir, yours faithfully,
Highgate, June 21st, 1879. E. ROBERTS.

FOOD versus ALCOHOL.

THE guardians of the Union of St. George's, Hanover-square, have forwarded to us a report submitted to them, at their request, by Dr. H. W. Webster, the resident medical officer of the infirmary, on the use of alcohol in that establishment. Dr. Webster takes the total admissions for one year—i. e., from April, 1878, to the same month in 1879—at 2142 persons, 1104 being males and 1038 females. The deaths were 313, or 12½ per cent., the chief causes of death being from consumption, 92; bronchitis, 49; lung inflammation, 17; and heart-disease, 22. Of those who died, 166 were over 70 years of age, and 63 of the remainder were between 60 and 70, the average age at death being 58 years. The *total* sum expended on stimulants amounted to £8 3s. 6½*d.*! The writer compares his figures for stimulants with those of five other infirmaries in the metropolis, where the bills for alcohol ranged from £278 to £625 in the same period. We have simply summarised the report, and reserve comment.

Mr. Crossley.—If the writer will send a copy of the publication named, we will examine it.

Dr. J. C. Shaud.—The paper is marked for insertion.

L.R.C.P. Ed.—Application should be made to one of the large general hospitals.

Mr. W. F. Simmons.—We cannot advise.

Dr. J. Morgan.—Yes, with pleasure.

Mr. J. Anderson cannot have better grounds for his reasonable demand than the offer he mentions in his letter.

R. P.—The change should not be made without the consent of the guardians, which would probably be easily obtained.

Mr. Croker should consult a medical practitioner. We do not prescribe.

Mr. T. Moore.—As early as possible.

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LETTERS, *each with enclosure*, are also acknowledged from—Mr. Dean, Glasgow; Mr. Dearden, Doncaster; Dr. Tattersall, Woolton; Messrs. Thew and Son; Dr. Rossiter, Weston-super-Mare; Mr. Sheaf, Barrow; Messrs. Porteous and Co., Glasgow; Dr. Munro, Kinross; Mr. Irving, Great Stanmore; Rev. R. Hutchinson, Winchester; Rev. A. J. D'Orsey, London; Dr. Slade-King, Ilfracombe; Dr. Tough, Audlem; Mr. Pace, Newcastle-on-Tyne; Mr. Bell, Brighton; Dr. Walter; Mr. Kendrick; Messrs. Beal and Co., Brighton; Mr. Beaman, Billinge; Dr. Popham, Nottingham; Mr. Cane; Mr. Strover; Mr. Johnson; Dr. Oswald, Redhill; Mr. Brown, Lyme Regis; Mr. Clutton; Dr. Russell, Glasgow; Dr. Paulley, New Buckenham; Mr. Reynolds; Mr. Freer; Dr. Thomson, Glasgow; Mr. Stilliard; Mr. Dalzell; Mr. Brown; Mr. Cooper; Medicus, Commercial-road; Z., Nottingham; D. D., Manchester; G. P. D., Bristol; G. D.; P. N. C. S.; Medicus, Stockport; F. W., Dublin; Medicus, Bristol; Tutor; M.D.; M.R.C.S., York; Surgeon, South Shields; M. B.; R. B. T.; B. B.; Medicus, Manchester; S. Z.; L.S.D. Edin.; J. C., Bristol; A. B., Liverpool; Delta, Chesterfield; Medicus, Liverpool; M.D., M.R.C.S.; Medicus, Cork; Society of Arts; E. R., Southend.

Leeds Mercury, Church of England Temperance Chronicle, Oldham Evening Express, House and Home, La Lumière Electrique, Eastern Daily Press, Birmingham Daily Post, Woolwich Gazette, Electric Light, Port Elizabeth Observer, South Wales Daily News, Oldham Chronicle, Galignani's Messenger, Western Mail, &c., have been received.

METEOROLOGICAL READINGS.

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, June 26th, 1879.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb	Dry Bulb	Solar Radiation in Vacuo	Max. Temp in Shade	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Jun. 20	29·76	W.	53	62	107	71	57	0·12	Cloudy
,, 21	29·81	S.W.	55	57	82	63	54	0·08	Raining
,, 22	29·92	N.W.	54	58	85	64	55	0·19	Cloudy
,, 23	29·96	W.	53	58	98	65	49	..	Cloudy
,, 24	29·59	W.	54	58	105	65	52	0·66	Cloudy
,, 25	29·58	W.	51	53	97	66	50	0·50	Raining
,, 26	29·79	W.	53	58	93	56	48	..	Overcast

Medical Diary for the ensuing Week.

Monday, June 30.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 2 P.M., and on Tuesday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Tuesday, July 1.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, July 2.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1 P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. No Specimens will be exhibited.—Adjourned Discussion on the Forceps.

Thursday, July 3.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, July 4.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, July 5.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

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